

NORWESTER

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The Voice of the Naval Medical Command, Northwest Region

Rear Adm. Lichtman takes over

New Commander, New era at NWREG



Rear Admirals David M. Lichtman (left) and Joseph S. Cassells (center) are joined by Captain T.F. Levandowski for traditional cake-cutting following change of command at Naval Medical Command, Northwest Region Officers' Club last Friday. Rear Adm. Cassells, Commander, Naval Medical Command, Washington, D.C., was featured speaker at the ceremony. (Photo by Airman Debbie Davis)

by Jonathan Arnowitz

"Let's work together to confirm what Admiral (Joseph) Cassells already suspects and what Congress and the public need to know: that this really is the best medical region in the Navy and that Navy Medicine is tops," spoke Rear Admiral David M. Lichtman, ushering in a new chapter of history at the Naval Medical Command, Northwest Region.

Jan. 8, 1988, marked a new era for the Northwest Region with the change of command ceremony held at the officers' club in Oakland.

It marked the coming of age of the Region

Seaman Stanley earns Medal for work in CFC

by JO1 Dan Guiam

Little did Seaman Kerwin Stanley of Naval Medical Command, Northwest Region staff know that what started to be a shaky task would turn into a fruitful endeavor. What's more, the endeavor got even better when he earned recognition for it with a Navy Achievement Medal.

For the 24-year-old native of St. Louis, Mo., his work for the Combined Federal Campaign (CFC) was an effort for which he never expected anything in return; after all, as he would tell you, he did it for a good cause.

SN Stanley received the medal for his "unparalleled performance" as CFC keyworker, a job he said he was "volunteered for" by someone without his knowledge. As an involuntary volunteer he didn't know much about the CFC, except that it stood for a good cause.

"I was surprised to see my name in the POD that I had been selected a keyworker," Stanley said. "My first move was to get as much

as a command as "plank owner" Captain T.F. Levandowski relinquished his duties as commander. Further, it marked a new approach and a new perspective as Rear Adm. David M. Lichtman assumed command.

Capt. Levandowski's long history with the Northwest Region

Capt. Levandowski, who came on board during the inception of the command in 1983, first as Chief of Staff and eventually as the Commander, set many of the precedents and many of the procedures that will be followed by region commanders to come.

Under his command the region quickly gained a reputation for effective management.

information as I could to effectively promote the Combined Federal Campaign."

Soon, Stanley was a walking CFC encyclopedia. Well versed in the ins and outs of the fundraising campaign, he was ready to tell all about the merits of CFC. He took the time and maintained his cool to persuade the tightfisted and the skeptical in his efforts to achieve a 100 percent turnout. Everyone gave—there was no gimmick involved, just salesmanship.

"I simply talked to people individually to personalize the campaign," explained Stanley. "I had a lot of fun. I felt CFC was a good cause so I went in and talked to people with the right attitude. I love talking to people. You get to see what type of person they are."

"I guess it was my friendly personality and smile that helped me a lot in the campaign," he grinned. "I didn't have to twist anybody's arm. The hardest part was computing the figures, making sure everything was accurate."

As the CFC keyperson for the 09 administrative department, Stanley solicited the

The leadership of officers such as Capt. Levandowski has led Rear Admiral Joseph Cassells, Commander, Naval Medical Command, to comment that the Northwest Region is one of the best geographic commands in the Naval Medical Command.

New Commander is an old friend of NWREG.

The new commander, Rear Adm. David Lichtman, isn't exactly a stranger to the region. In two previous tours he has served the Naval Hospital, Oakland as chairman of orthopedics and director of surgical services. His experience in the Bay Area has given him a familiarity and appreciation for the Northwest Region.

"I have had direct and intimate contact with most of the medical and dental commands throughout the geographical command," commented Rear Adm. Lichtman at the change of command ceremony. "The invigorating academic environment of the Bay Area, combined with the excellent mix of clinical material, and—I must say—lack of sustained political pressure—makes this the hidden jewel of the Navy."

Rear Adm. Lichtman's vision for Navy Medicine

In his comments he amplified his view of Northwest Region:

"We exist primarily to support the practice of our clinicians and to assure that our patients receive the finest care available within our resource constraints. As commander of this region my primary responsibility will be to support your efforts at quality medical care and to see that they are properly recognized."

Acknowledging the teamwork from both administrative and medical personnel, Rear Adm. Lichtman further emphasized, "I want you all to know that I believe that the practicing physicians and direct health care providers from all corps form the backbone of the Navy Medical Department."

An example of his dedication to the whole Navy medical community is his determination to remain clinically and academically active.

"Active participation enhances an administrator's performance by giving one firsthand

understanding of the problems facing health care delivery as well as graduate medical education," explained Rear Adm. Lichtman.

The command has a chartered course, one forged from the hard work of Capt. Levandowski. That course is a challenge and Rear Adm. Lichtman has a clear vision of it:

"I charge every individual in this region to display pride in Navy Medicine as well as his or her own role in support of our health care system. I have found that in order to gain outside support you must never whimper but you must bargain from a position of strength and credibility. And that means we need to be a proven winner."



Rear Admiral David M. Lichtman addresses audience as new Commander, Naval Medical Command, Northwest Region. (Photo by Chief Journalist Mike McGougan)



January 18, Martin Luther King Jr.'s Birthday

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Special FMA guest



Bun Bray Jr., former Executive Director of the Federal Managers Association (FMA), spoke at the recent NAVMEDCOM NWREG chapter FMA meeting. Among other issues, Bray emphasized the need for federal employees to lobby strongly for their employment benefits. He also affirmed the hard work federal employees perform with limited resources. (Photo by Airman Deborah Davis)

First Baby: It's a boy!



Baby John Gill, son of Hull Maintenance Technician 2nd Class Larry Gill (assigned to USS Samuel Gompers) and Marianne Gill, holds a press conference with his parents and sister, Gaila, after becoming the first child of the new year born at Naval Hospital, Oakland. John was born at 11:25 a.m. New Year's Day and checked in at 6 pounds, 14 ounces. The doctor handling the delivery honors was Lieutenant Douglas Winesett. (Photo by HMI Philip Goodrich)

DEERS listings must be current

Are you and your family members eligible for CHAMPUS benefits? If so, good. But now, you've got to make sure CHAMPUS **knows** you're eligible.

How do you do that? By making certain your DEERS listings are up-to-date.

Before processing your CHAMPUS claim for cost-sharing of medical bills, the CHAMPUS claims processor will check to see if you are listed in the DEERS computer data banks. If you aren't, the claim will be denied, or delayed in processing until your eligibility can be established. This also applies to your dependents, who must also be enrolled in DEERS.

What is DEERS, anyway? It's the Defense Enrollment Eligibility Reporting System, a computerized listing of all military people and their family members, which verifies their

eligibility for health care from both military and civilian sources.

An active-duty service member or a military retiree will be automatically enrolled in DEERS. His or

her family members will **not** be automatically enrolled; the military sponsor must take specific action to get them into the DEERS listings.

Likewise, when the status of dependents changes—such as by divorce, or by birth of a child—the sponsor must report these changes to DEERS at his or her nearest military personnel office.

Family members who aren't enrolled, or who aren't sure if they are or not, should contact the nearest military personnel office for assistance. To verify enrollment, call the DEERS center at one of the following numbers:

1-800-334-4162; California only.



Manpower PO reenlisted by NWREG ACOS

Personnelman 2nd Class Lucito Reyes Smith, Jr. Assistant Chief of Staff for Northwest Region Manpower Department is reenlisted by Captain J.P. Resources (Photo by JOC Mike McGougan)

Know the new tax code before you file

1986 Tax Reform Act

The Tax Reform Act of 1986 repealed many familiar provisions of tax law. Some of the more important are listed below:

Personal Exemptions for Dependents—If an individual qualifies to be claimed as a dependent on another person's income tax return, the dependent may not claim a personal exemption on his or her own return. This rule took effect in tax year 1987.

Two-Earner Deduction—There will no longer be a special adjustment to income when both the husband and wife have earned income, effective for 1987.

Income Averaging—Income averaging is repealed, effective for 1987.

Unemployment Compensation—The former limited exclusion has been repealed. All unemployment compensation benefits are includable in gross income, beginning in 1987.

Charitable Deduction for Non-Itemizers—Beginning in 1987, the charitable deduction for persons who don't itemize their deductions is terminated.

State and Local Sales Taxes—The itemized deduction for state and local sales taxes is repealed, beginning in 1987. The deductions for state and local income, real estate and personal property taxes are retained.

Dividend Exclusion—The \$100 dividend exclusion for individuals (\$200 for a joint return) is repealed.

are entitled to a credit for excess Social Security tax withheld.

Social Security tax withheld in excess of \$3,131.70 can be applied as a credit against income tax only if the individual had more than one employer.

IRS notes that those who file joint returns may not add the Social Security tax withheld from one spouse's income to the amount withheld from the other spouse to determine the credit. The credit must be figured separately for each spouse.

Workers who had only one employer and had more than \$3,131.70 withheld may not claim the excess as a credit against their income tax. The employer should adjust this overcollection.

Tax tips on FICA deductions

Those who worked for two or more employers during 1987 and received wages totaling more than \$43,800 should check to see if they are entitled to a credit for excess Social Security tax withheld.

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beginning with tax year 1987.

Political Contributions Credit—The tax credit for political contributions is repealed, beginning in 1987.

Investment Tax Credit—With certain exceptions the new tax law repeals the regular investment tax credit for property placed in service after Dec. 31, 1985.

Personal Exemptions for Age and Blindness—Starting in tax year 1987, there is no longer an additional personal exemption for blindness or age. However, an individual who is 65 or older or blind may be entitled to a higher standard deduction.

Those who worked for two or more employers during 1987 and received wages totaling more than \$43,800 should check to see if they

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DP (2751, 2742, 2752, 2744) ...
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NORWESTER

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Navy doctor eases bitter memories for Viet Vet

by Eli Rea

The Norwester reserves this space for guest editorials and commentaries.

Navy Medicine has worked very well for me and my family, and I believe that their good work is just as newsworthy as people's mistakes. Let me tell you about my recent experiences at Naval Hospital, Lemoore. But first let me introduce myself.

myself.

I am a Vietnam veteran. I incurred multiple shrapnel wounds while fighting for my country. When I joined the service, when I was 17 years old, I totally believed in our country and our leaders. Since I was returned in 1969 and medically released, my feelings have drastically changed. Especially when I was fighting the Veterans Administration for the help I had been promised.

Late last year I had to take my two children to Naval Air Station, Lemoore, for an eye exam. There I met Dr. Uwe Canting and that man has single-handedly returned my faith in our veteran's services.

For the first time I felt welcomed, honored, and proud to re-associate myself as an American veteran and fellow serviceman for the first time in 22 years. Dr. Canting treated my children professionally and compas-

sionately. The doctor then shared with me the fact that his father has served in Vietnam. He told me it was an honor to shake my hand. We discussed my purple heart medal.

Then he gave me the greatest compliment and I can't tell you how good it felt; he thanked me for having served my country. To me that instilled—and still does—such a feeling of pride.

I shall always remember our talk and carry that gratitude in my heart.

Because of that brief visit and conversation, I give Dr. Uwe Canting my respect and the credit for making me feel that I am truly welcomed and deserve to be back home.

I just want people to realize that I gladly entrust Dr. Canting with the two dearest things in my life: my children. ■

Keeping line and medicine together

Reprinted from the Kenko Shimbun

The U.S. Naval Hospital Yokosuka, Japan, sponsored a "Cross-decking Briefing" on Dec. 11, 1987, for Yokosuka area commanding officers, executive officers and officers-in-charge.

The briefing introduced area VIPs to the hospital, its mission, key personnel, and those policies that affect the local commands.

After welcoming remarks by Captain James Black, commanding officer of the naval hospital, a

hospital slide brief was shown. Charge Nurse Lieutenant Commander Rita Cox spoke on the appointment system and GPC. Head of Patient Administration Lieutenant Andrew Kurtzman lectured about the MedEvac system and Patient Contact program.

After a question and answer period, the participants took a walking tour of the hospital. The tour covered all facets of health care available at the hospital including: inpatient care, Intensive Care Unit, Obstetric Ward, Blood Donor programs, pharmacy, radiology and out-

patient services.

The officers then joined Capt. Black for lunch in the hospital's dining facility.

The effectiveness of the briefing programs is reflected in comments by one of the participants. Rear Admiral James Cossey: "(The briefing) provided all of us there a better understanding of what the Naval Hospital can do. Thanks for your support of the community, and please pass on my sincere appreciation to all who assisted in this successful presentation." □

Healthcare professional's safety

Avoid accidental HIV infection

by Jonathan Arnowitz

In the recent Morbidity and Mortality Weekly Report, the Center for Disease Control (CDC) reports that healthcare workers who do not take precautions in handling all blood products face serious risk of infection with blood-borne viruses such as the Human Immunodeficiency Virus (HIV) that causes Acquired Immune Deficiency Syndrome (AIDS).

The report indicated that there is no risk in casual contact with AIDS patients. Studies have conclusively indicated that, in the words of the CDC report, "only blood, semen, vaginal secretions, and possibly

breast milk (are implicated) in transmission (of AIDS)."

However, because AIDS is now a prevalent epidemic, healthcare workers who are careless with handling the above blood products risk infection with HIV. The CDC strongly recommends that healthcare providers treat all patients as potentially infective. The same precautions should be taken in other settings in which persons may be exposed to blood or body fluids.

The CDC recommends the following safety precautions be taken in the care of all patients:

✓ All healthcare workers should routinely wear gloves for touching

blood and body fluids, mucous membranes, or broken skin, for handling clothing soiled with blood or blood products, and for performing venipuncture and other vascular access procedures.

✓ All skin that contacts body fluids should be washed. Hands should be washed after wearing gloves.

✓ All sharp instruments (i.e. needles, scalpels) must be handled with extreme caution to prevent needle sticks and abrasions. Needles should not be recapped, bent or broken by hand, removed from disposable syringes, or otherwise touched by hand. Sharp instruments should immediately be placed in puncture resistant containers. Large-bore reusable needles should be placed in a puncture resistant container for transport to a processing area.

✓ Healthcare workers who have exudative lesions or weeping dermatitis should refrain from all patient care and from handling patient care equipment until the condition clears.

Avoiding direct and acute exposure to blood eliminates the possibility of HIV infection in the healthcare environment. However, the CDC reports a test study of 883 healthcare workers revealed that 80 percent (708) had percutaneous exposure to blood. Furthermore, 20 percent (175) of the group had a mucous membrane or open wound contaminated by blood or body fluid. About 1 percent of the group (3) had tested positive for HIV with no other at-risk factors.

Finally, the CDC reports that out of a total of 1,231 dentists and hygienists surveyed, many of whom practiced in areas with many AIDS cases, only one dentist (0.1 per cent) was HIV positive. This dentist had a history of sustaining needlestick injuries and trauma to his hands and did not wear gloves during treatment.

Next issue, the Norwester will cover the CDC guidelines during surgery and other medical procedures. ■



Letter given to NWREG Dept. Head

Lieutenant Commander David Gustafson received a Letter of Commendation upon detaching from Naval Medical Command, Northwest Region headquarters staff. Lt. Cmdr. Gustafson was cited for superior performance of duty while serving as the Head, Contingency Operations Department, from July 6, 1986, to December 24, 1987. He was praised for ensuring "exceptional priority care for the Operating Forces" by

successfully coordinating an extraordinary number of medical support taskings to afloat and shore units, including the hospital ship USNS Mercy. His meticulous management of personnel assigned to deployable platforms resulted in enhanced peacetime capability and unsurpassed wartime medical readiness of eight subordinate medical/dental commands." (Photo by JOC Mike McGougan)

Advancements in the Bay Area

ADVANCEMENTS FROM NAVAL HOSPITAL, OAKLAND:

PO3
HM3 Bobby Ardila
HM3 Mark Atkinson
HM3 Napier Avalon
HM3 Thomas Bobbs
YN3 John Breeden
HM3 Gregorio Carreras
HM3 Oscar Chan
HM3 Darell Clark
PN3 Grizelda Cruz
HM3 Stephen DeFriscio
HM3 Larry Foote
HM3 Nelson Fox
HM3 Bryan Gallinger
HM3 Fernando Garza
HM3 Exmeraldo Gorecho
HM3 Patrick Guida
HM3 Daniel Hurst
HM3 Timothy Hynes
HM3 Jared Johnson
HM3 Dennis Lammon
HM3 Cathy Larsen
HM3 Gerald McNamara
HM3 Sheryl McRae
HM3 Mario Millan
HM3 Barbara Phipps
HM3 Gary Prentiss
HM3 Cresencio Qulpa
HM3 Kennedy Ramirez
HM3 Michael Killingbeck
HM3 Bruce Richardson
HM3 Matthew Rizzetta
HM3 Lawrence Robertson
HM3 Gordon Rowe
HM3 Mark Rubie
HM3 Carl Seall
HM3 A. Schnoering
HM3 Robert Smith
HM3 Steven Troist

HM3 Charles Wilkerson
PO2
HM2 Romeo Aberin
HM2 Deborah Akins
MS2 Luisito Barron
HM2 Sheila Burke
HM2 David Cranfield
HM2 Priscilla Fabian
HM2 Daniel Hempeck
HM2 Wes Ichinaga
HM2 Karla Kepler
HM2 Deborah Kern
HM2 Jeffrey Leroy
HM2 Julianne Sweda
HM2 John Swingle
SH2 Danny Togonon
HM2 Timothy Ulrich
OS2 Robert Walther
HM2 James Weidner
HM2 James Whitmire

PO1
HM1 James Travers

ADVANCEMENTS FROM NORTHWEST REGION STAFF

Advanced to 1st Class
OS1 Neil Thomas

Advanced to 2nd Class
HM2 Kathy Maas
SK2 Jose Hernandez
MS2 Hylar L. Howard

Advanced to 3rd Class
HM3 Joseph A. Chipman
HM3 Bruce Broussard
PN3 Renee Levy
MS3 Richard L. Lucero
SK3 Sherry A. Abernathy



American Red Cross

SHOULD YOU WORRY ABOUT GETTING AIDS?

How Safe is Today's Blood Supply?

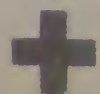
Today, the blood supply is well protected from the AIDS virus. The Red Cross recruits and screens its volunteer blood donors carefully to help ensure that only healthy people donate. The spread of AIDS through blood transfusion is very uncommon. Beginning in 1985, all blood has been screened for the antibodies to the AIDS virus. Blood that tests positive for evidence of the virus is discarded.

Please remember you cannot get the AIDS virus by donating blood.

AIDS IS HARD TO CATCH.

This information is based upon data from the U.S. Public Health Service. For more information, call your local health department, the National AIDS Hotline (1-800-342-AIDS) or your local Red Cross Chapter.

Rumors are spreading faster than AIDS.



American Red Cross

Ceremony Highlights



Rear Admiral David M. Lichtman (left) exchanges a salute to officially relieve Captain T.F. Levandowski (right) as Commander, Naval Medical Command, Northwest Region. Looking on (center) is Rear Admiral Joseph S. Cassells, Commander, Naval Medical Command. (Photo by JOC Mike McGougan)



Rear Admiral Joseph S. Cassells, Commander, Naval Medical Command, delivers remarks to guests assembled at the Naval Medical Command, Northwest Region change of command. (Photo by JOC Mike McGougan)



Rear Admiral David M. Lichtman (left) reports to the Commander, Naval Medical Command, Rear Admiral Joseph S. Cassells, that he has assumed the duties and responsibilities of his new command. (Photo by JOC Mike McGougan)



Rear Admiral David M. and Mrs. Lichtman greet guests passing through the receiving line at the reception for the Naval Medical Command, Northwest Region change of command. (Photo by JOC Mike McGougan)

Capt. Levandowski earns medal at farewell

by JOC Mike McGougan

Before turning over the helm as Commander, Naval Medical Command, Northwest Region, to Rear Admiral David M. Lichtman, Captain T.F. Levandowski reflected on his four years as Commander and Chief of staff.

As a "plank owner" for the third time, Capt. Levandowski successfully guided the Northwest Region command during its "infancy." He departs secure in the knowledge that the command has the potential to go forward to its next stage of development, with vigor to grow and progress while meeting every challenge of Navy medicine.

Capt. Levandowski said the most challenging aspects in the early developmental process of the command were "building a cohesive staff and overcoming expected skepticism from echelon four commands."

In considering the most significant accomplishments within the Northwest Region during his tour, Capt. Levandowski declared: "The Mercy evolution and mission, and the cohesiveness and responsiveness of the region as a whole in responding to contingency requirements were significant achievements."

"Also, meshing the peacetime mission with the contingency wartime mission in continuing total access to all eligible beneficiaries based upon available providers is an accomplishment we all can look to with pride."

he added. "This is the only region that has never denied accessibility to any category of patient according to Captain Hopkins in SECNAV."

"I think that is why the Inspector General when he was here said this region ranks right at the top of all the regions in management and for accomplishment of mission."

Capt. Levandowski said "everybody has really pulled together to make the region look good." And, he emphasized, "It is not because I was here or any individual in particular. In the whole region, from the smallest clinic to the largest hospital, everybody has just done a superb job."

The 39-year veteran of Navy medicine related that among the rewards of his tour leading the Northwest Region is being able to look back and see all that has been accomplished, including the unprogrammed and unplanned Mercy and battle group evolutions. He noted that assets have been managed prudently and creatively by exceptionally talented people throughout the entire region.

"To be successful in Navy medicine, our people must have pride in doing the best possible job despite the limitations and frustrations," the captain explained. "Translating and articulating the pride and belief in your organization and focusing the Navy into the big, total overall super things that we do so well and not dwelling, or over-apologizing on the

inevitable minor exceptions are two keys for advancing Navy medicine."

"We are leaders and innovators in so many areas we sometimes lose that perspective and don't see the forest for the trees," the outgoing commander asserted.

When asked what advice he would pass on to both officers and enlisted personnel, Capt. Levandowski replied: "The Navy is, indeed, an adventure. Our Medical Department and the Navy are full of challenges and the sky is the limit. Those challenges out there translate to opportunities which result in tremendous sense of satisfaction and fulfillment. One must, however, exert every effort to actively seek out and take advantage of those opportunities."

"Hard work, a willingness to go that extra mile, exert that extra effort, maintain perspective, and have a good sense of humor and the ability to laugh at yourself at the appropriate time are also important attributes," the captain continued. "The proof of the pudding is in the eating. I came into the Navy as a seaman recruit with a 9th grade education. The Navy and a super Navy wife have done all the rest—with a little bit of help from our friends."

Although Captain Levandowski is tentatively slated for a key medical department post in recruiting and will be stationed on the East Coast, what does he and his family feel about leaving the Bay Area?

"I think we are all gypsies at heart," the captain remarked. "Really, the most gratifying parts of the Navy, no matter where you go, you are meeting new friends and feeling a new sense of excitement. You hate to leave the old place because of the superb people you leave behind but, in retrospect, if you had not gotten there you would have never met the new friends. So, it is always new vistas, new frontiers, horizons, challenges and satisfaction from meeting new friends."



Captain T.F. Levandowski, wearing the Legion of Merit awarded to him by the President of the United States for exceptionally meritorious service as Commander, Naval Medical Command, Northwest Region, passes through honors sideboys at the conclusion of the change of command ceremony. Rear Admiral Joseph S. Cassells, Commander, Naval Medical Command, presented the award to Capt. Levandowski on behalf of President Reagan and Secretary of the Navy James H. Webb Jr. (Photo by JOC Mike McGougan)

Norwester

Jan. 15, 1988

3rd Annual Holiday Observance

Sgt. Maj. Rodi Williams, USA
American Forces Information
Service

Military organizations worldwide aboard ships at sea will observe the third annual Martin Luther King national holiday on Jan. 18.

King, the youngest man to win the Nobel Peace Prize and the first black man to have a national holiday named in his honor, was assassinated on April 4, 1968. He was in Memphis, Tenn., for a protest march in behalf of sanitation workers.

Jan. 20, 1986, marked the first observance of the federal legal holiday honoring the slain civil rights leader. The holiday was signed into law by President Ronald Reagan on Aug. 27, 1984. King's birthday is now celebrated on the third Monday of January each year.

As of June 1987, King's birthday became a legal holiday in all but seven states—Arizona, Hawaii, Idaho, Montana, New Hampshire, South Dakota and Wyoming. Florida and North Dakota are the only participating states that have not declared a paid holiday.

"Forty-three states observe it as a legal holiday," said Allen Jackson of the Martin Luther King Federal Holiday Commission in Washington, D.C. "That doesn't mean cities in those states and in other states don't celebrate the holiday. Nearly all cities in all states do."

So do 115 foreign nations. Forty-five African, 22 European, 22 Latin American and Caribbean, 13 Far Eastern and 12 Middle Eastern and South Asian countries, plus Canada took part last year.

"We expect more foreign countries to participate this year, but we will not know how many until after the celebration," said Jackson.

Some of the highlights of King's life and work:

1955 . . . Tired after a hard day at work, Rosa Parks, a 42-year-old black seamstress, refuses to give up her seat on a city bus to a white passenger. She is arrested. King successfully leads a year-long boycott, achieving integration of Montgomery, Ala., buses. The victory attracts world attention.

1958 . . . Inspired by King, non-violent protests to end segregation sweep the nation. Hundreds of thousands, young and old, black and white, conduct sit-ins, freedom marches and freedom rides to achieve equal treatment for all people in restaurants, libraries, hospitals, schools and other public places.

1963 . . . In the second largest civil rights demonstration in history, 50,000 marchers of all races and religions peacefully gather in the nation's capital calling for civil rights, jobs and freedom for all. King's words that day, "I Have a Dream," have earned a place in history.

1964 . . . The world honors King's work and he is awarded the Nobel Peace Prize for creating positive social change using non-violent means. For the world, he becomes a symbol of peace. His work continues, in America he leads a non-violent movement to ensure black citizens the right to vote.

1967 . . . King begins a campaign to help poor people. Through creative non-violent actions, he hopes to draw attention to their need for decent jobs, housing, health care and education.

1968 . . . On April 4, 1968, before arriving Memphis, Tenn., sanitation workers for a planned protest march, he is assassinated.



THE MAN REMEMBERED

Jan. 18, 1988

I have a dream that someday...

I say to you today, my friends, so even though we face the difficulties of today and tomorrow, I still have a dream. It is a dream deeply rooted in the American dream. I have a dream that one day this nation will rise up and live out the true meaning of its creed, "We hold these truths to be self-evident, that all men are created equal." I have a dream that one day on the red hills of Georgia, sons of former slaves and the sons of former slave owners will be able to sit down together at the table of brotherhood. I have a dream that one day even the state of Mississippi, a state sweltering with the heat of injustice, sweltering with the heat of oppression, will be transformed into an oasis of freedom and justice. I have a dream that my four little children will one day live in a nation where they will not be judged by the color of their skin, but by the content of their character.

I HAVE A DREAM TODAY!

I have a dream that one day down in Alabama—with its vicious racists, with its Governor having his lips dripping with the words of interposition and nullification—one day right there in Alabama, little black boys and black girls will be able to join hands with little white boys and white girls as sisters and brothers.

I HAVE A DREAM TODAY!

I have a dream that one day "every valley shall be exalted and every hill and mountain shall be made low. The rough places will be made plain and the crooked places will be made straight, and "the glory of the Lord shall be revealed, and all flesh shall see it together."

This is our hope. This is the faith that I go back to the South with. With this faith we will be able to hew out of the mountain of despair a stone of hope. With this faith we shall be able to transform the jangling discords of our nation into a beautiful symphony of brotherhood. With this faith we will be able to work together, to pray together, to struggle together, to go to jail together, to stand up for freedom together, knowing that we will be free one day. And this will be the day. This will be the day when all God's children will be able to sing with new meaning, "My country 'tis of thee, sweet land of liberty, of thee I sing. Land where my father died, land of the pilgrim's pride, from every mountain side, let freedom ring." And if America is to be a great nation, this must become true.

So let freedom ring from the prodigious hilltops of New Hampshire; let freedom ring from the mighty mountains of New York; let freedom ring from the heightening Alleghenies of Pennsylvania; let freedom ring from the snow-capped Rockies of Colorado; let freedom ring from the curvaceous slopes of California. But not only that. Let freedom ring from Stone Mountain of Georgia; let freedom ring from Lookout Mountain of Tennessee; let freedom ring from every hill and molehill of Mississippi. From every mountainside, let freedom ring.

And when this happens, and when we allow freedom to ring, when we let it ring from every village and every hamlet, from every state and every city, we will be able to speed up that day when all God's children, black men and white men, Jews and Gentiles, Protestants and Catholics, will be able to join hands and sing in the words of that old Negro spiritual: "Free at last. Free at last. Thank God Almighty, we are free at last."

Widow Notes Civil Rights Achievements

by Coretta Scott King
Submitted by the EEO Office,
Naval Hospital, Oakland

In the 12 years and four months of Martin Luther King's leadership of the Civil Rights Movement, Black Americans achieved more genuine freedom and substantive reform than the three previous centuries had produced. The Civil Rights Movement desegregated public facilities and schools, and we have begun to eradicate racism in the social, political, and economic life of the U.S.

When the movement began in 1955, there were fewer than 50 Black elected officials in the entire nation. Today there are 6,056, according to the Joint Center for Political Studies. However, the dramatic increase in the number of Black elected officials is only a partial victory over discrimination at the polls. Although there are over 6,000 black office holders, this number represents only 1.2 percent of all elected officials in the U.S., while Blacks are more than 12 percent of the population.

Equally, despite the growing number of Blacks working at decent jobs, the unemployment rate for Blacks has increased since the Movement. When Martin Luther King Jr. delivered his famous "I have a dream" speech in 1963, the unemployment rate for Black workers was 10.8 percent. Today, it is 14 percent.

When Martin was assassinated in 1968, he was organizing the Poor People's Campaign for economic justice. At this stage of the Movement, he committed his leadership and the resources of the Movement to mobilizing a massive interracial coalition in behalf of poor people of all races. He believed that economic security, as well as racial equality, was a basic human right. "What good is it to sit at a lunch counter," he asked, "If one can't afford the price of a meal?"

In many ways, the Poor People's Campaign is still with us. Despite the widely publicized decrease in poverty for 1984, 8.3 million more Americans of all races were living in poverty in 1984 than there were when the Campaign was launched in 1968. The overall poverty rate actually increased from 12.8 to 14.4 percent in the same period.

More than a third of Black Americans are still living below the poverty threshold. However, the situation of those living in poverty has worsened because of deep cuts in social programs serving the poor. As former Atlanta Mayor Andrew Young says, "The struggle for the 80s is to integrate the money."

As the nation observes Martin Luther King Jr.'s birthday, it is encouraging to see a growing recommitment to nonviolent action. This holiday is a historic moment for America. By carefully interpreting its history, a nation begins to shape its destiny as well. If we can begin to build bridges of knowledge and understanding of each other's achievements between all ethnic groups, then we will sow the seeds of a new unity in America.

DoD fun facts

The common name for the last major German offensive of World War II?
Battle of the Bulge
 (December 1944-January 1945)

Who originated the slogan, "Remember your regiment and follow your officers?"
Capt. Charles May
 (Mexican War)

Who is called "the father of Army helicopter operations?"
Maj. Gen. Harry W.O. Kinnard

What the Beaufort Scale, devised in 1805 by Adm. Francis Beaufort of the British Navy, is used to measure?
Wind force

The world's first fighter aircraft capable of sustained supersonic flight?
F-100

How much one cent doubled every day for 30 days would amount to?
\$5,368,709.12



Farewell HMCS Douglas Fishel, 21 years of dedicated service

Senior Chief Hospital Corpsman Douglas Fishel and his wife pass through sideboys at the entrance to Naval Hospital, Oakland as he is honored during his retirement ceremony. HMCS Fishel completed 21 years of service, with his final tour at the Preventive Medicine Technician School in Oakland. (Photo by HM3 Bobby Brown)

Quote of the Week

Each day is a little life; every waking and rising a little birth, every fresh morning a little youth, every going to rest and sleep a little death.

—Arthur Schopenhauer

Farewell, a long farewell, to all my greatness!
 This is the state of man: tomorrow blossoms,
 And bears his blushing honors thick upon him:
 The third day comes like frost, a killing frost,
 And when he thinks, good easy man, full surely
 His greatness is a—ripening, nips his root.
 And then he falls, as I do.

—William Shakespeare

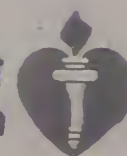
They're
out
for
blood



At first, it was only once a week. Then three times. Now they're out for blood every night. And they're not alone. They're just two of the thousands of people all over the country who are finally starting to do something about the disease that kills almost 32,000 Americans every year—and afflicts another 38 million. It's high blood pressure. And the beauty of it is that once you know you've got it, you can usually control it. By following your doctor's advice. By exercising regularly to control weight. By eating the right foods. By restricting your salt intake. And by sticking to your prescribed medication.

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Jan. 15, 1988

DoD testing shows, AIDS rate going down

By Evelyn G. Harris
Arlington Heights, Illinois Service

The rate of potential recruits testing positive for exposure to human immunodeficiency virus, the virus which causes AIDS, has gone down again, according to the latest DoD statistics. The rate of potential recruits testing positive has been heading steadily downward since December 1986. Persons testing positive are not allowed to enter military service.

The rate of recruits testing positive for the period Oct. 1 through Dec. 31, 1985, the period in which the military began screening, was 1.62 per 1,000. The most recent statistics, compiled from July 1 to Sept. 30, 1987, show a positivity rate of 1.13 applicants out of every 1,000.

However, according to Air Force Dr. (Lt. Col.) Michael R. Peterson, senior policy analyst for health promotion in the Office of the Assistant Secretary of Defense (Health Affairs), the lower statistics do not necessarily mean that the rate of HIV positive individuals in the general population has gone down.

"It's more likely that persons who have reason to believe they may test positive are no longer trying to join the military," said Peterson.



Family, reenlistments honored at Northwest Region Ceremony

Reenlistments in the Northwest Region are traditionally a family affair. In photo at left, Hospital Corpsman 2nd Class Lorraine McGough keeps her daughter, Samantha, amused prior to reenlistment as husband, Rick, assists. In photo at right, Steven Andrew Ishmael III (right front) looks up at daddy, Mess Management Specialist 1st Class Steven A. Ishmael II, while 3-year-old twin sister, Ila Cathleen, pulls at her father's sleeve. The reenlistee's wife, Chikako (far

right), looks on as Lieutenant Commander Larry Kilgore (far left), N W Region administrative officer, administers the oath of enlistment. HM2 McGough has been assigned to Memphis, Tenn., and MS1 Ishmael will be reporting to a ship homeported in Sasebo, Japan. (Photos by AN Debbie Davis/JOC Mike McGough)

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- use the correct tax table.
- sign and date your return.



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Project HOPE
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Navy Achievement Medals awarded



Navy Achievement Medal winners from Naval Medical Command, Northwest Region headquarters staff form rank after presentation at Oak Knoll Officers' Club. Left to right: SHCS Rudolph Bowden, SN Randy Gerny, SN Kerwin Stanley, Mrs. Mike McGougan, JOC Mike McGougan, Lt. Clarence Thomas Jr., Mrs. Karl Johnson, Lt. Karl Johnson and Capt. T.F. Levandowski. (Photo by AN Debbie Davis)

Six staff members of the Naval Medical Command, Northwest Region, received the Navy Achievement Medal for professional achievement in the superior performance of their duties during a recent ceremony held at the Oak Knoll Officers' Club.

The award was presented to Lieutenant Clarence Thomas, Lieutenant Junior Grade Karl Johnson, Senior Chief Ship's Serviceman Rudolph Bowden, Chief Journalist Michael McGougan, Seaman Randy S. Cerny, and Seaman Kerwin Stanley.

Lt. Thomas was cited for his outstanding service while assigned as head of the Material

Management Department. In that capacity he obtained a remarkable 97 percent. Other Procurement Navy (OPN) obligation rating for FY-87. He also centralized OPN procurement for the entire Northwest Region, and revitalized the excess supply system.

For his demanding duties as mess treasurer of the officer and the enlisted clubs at Naval Medical Command Northwest Region. Lt.j.g. Johnson also earned the Navy Achievement Medal. He was also a drug adviser. It was pointed out that he worked with the two clubs during a period of turmoil. He quickly

initiated procedures that reduced account payments from 90 days to 15 days. He aggressively pursued and collected \$5,000 in delinquent debts. Under his tenure, the clubs showed their first profit in over two years.

Skills and expertise earned administrative supervisor SHCS Bowden's medal. The senior chief worked in the special services department. He initiated a renovation project for the base gymnasium and the large outdoor recreational facility. SHCS Bowden also received a Letter of Commendation for his leadership and management of the command's second annual picnic.

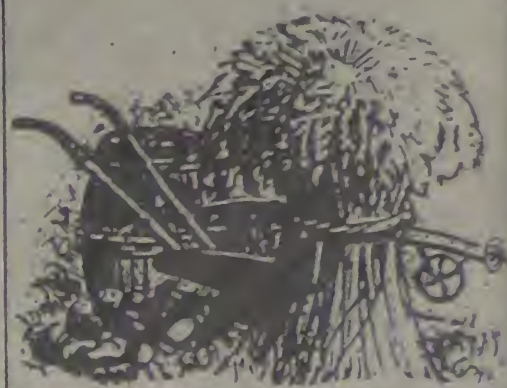
Chief Journalist McGougan was honored for his meritorious service rendered while assigned as Assistant Contingency Operations Officer from Nov. 10, 1986 to March 15, 1987. His exceptional and professional expertise assured the success of the USNS Mercy's maiden voyage to the Philippines. Chief McGougan gave the Mercy a broad range of support: from coordinating the urgent manning requirements of the floating hospital to monitoring training requirements and other prerequisites for personnel to attain readiness for deployment. The chief is also the assistant public affairs officer.

SN Cerny was recognized for his work for Management Information Division. Cerny installed an automated inventory of microcomputer equipment throughout the Northwest Region. The program also kept records of civilian employee salaries, overtime, and merit pay.

SN Stanley received his award for his work as CFC keyworker (see related story on page 1).

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Families to get \$3 billion care program

A Sacramento, Calif., health maintenance organization (HMO) has been awarded a contract that could provide up to \$3 billion in medical services during the next five years to approximately 865,000 military dependents living in California and Hawaii.

"This contract is innovative and unprecedented in both the Pentagon and civilian health care industry," said Dr. William Mayer, Assistant Secretary of Defense for Health Affairs, when the Department of Defense announced selection of the pilot project contractor on Jan. 19.

"Its size and scope are somewhat startling, even by Pentagon standards, but no other approach we've heard of comes close in its potential benefit to military families and the Department of Defense," Dr. Mayer added.

The contract, awarded to Foundation Health Corporation of Sacramento and a consortium of health care providers in California and Hawaii, is designed as a pilot project to provide alternative medical care for CHAMPUS beneficiaries in the two states.

The purpose of the multibillion-dollar project is to find a better way of providing doctor and hospital services to the 865,000 dependents of active-duty personnel, military retirees and their dependents, and survivors of deceased military personnel covered under the Civilian Health and Medical Program of the Uniformed Services (CHAMPUS) in California and Hawaii.

Two major issues—rising costs and decreased health care service—prompted Congress to authorize a revamp of the 20-year-old CHAMPUS program.

The alternative CHAMPUS Reform Initiative (CRI) program will allow eligible CHAMPUS beneficiaries residing in 18 military treatment facility "catchment" areas the option to obtain medical care from a statewide listing of providers at minimal out-of-pocket costs.

Military treatment facility catchment areas in the Northwest Region include: the vicinity of Naval Hospital, Oakland; Letterman Army Medical Center, San Francisco; David Grant Medical Center, Travis Air Force Base; and Naval Hospital, Lemoore.

Currently, CHAMPUS beneficiaries may either use military treatment facilities at little or no cost, or seek treatment from private practice providers, paying 20-25 percent of allowable charges plus a \$50-\$100 yearly deductible for outpatient care.

Under the CRI project, CHAMPUS users have two options: they may join an HMO-type program called "Prime," or choose "Extra"; both offer enhanced benefits. CHAMPUS Prime, a voluntary enrollment program, and CHAMPUS Extra, a preferred provider network approved by Foundation Health Corporation, are designed to provide greater access to care at more affordable prices and without current procedural complexities.

The Department of Defense will also have increased capability to assure high-quality care for its beneficiaries through case management in the contract, and innovative financial incentives are planned to hold down taxpayer costs.

According to Foundation Health Corporation, the CRI pilot project will provide CHAMPUS beneficiaries a broader selection of health care options that will actually cost them less than those provided through the traditional CHAMPUS program.

The Department of Defense calls Foundation Health Corporation "one of the nation's leading health care firms." Foundation Health Plan, a subsidiary of Foundation Health Corporation, will be the subcontractor to establish the alternative "managed care" system to deliver service in Northern California.

Some of the managed care systems employed by Foundation Health Corporation and its partners include: preferred contracts with medical facilities and physicians; effective hospital utilization; second opinion programs; peer review; patient case management; data analysis; and military/private sector resource management.

Design of this unique health care plan was particularly difficult because the Department of Defense insisted that the bulk of all care continue to be provided in military hospitals and clinics, that beneficiaries continue to have freedom to choose where to get care, and that

there be no mandatory enrollment for any care to be obtained in the civilian sector.

These three conditions made it extremely difficult to predict actuarially the quantity and kinds of care that the contractor would be forced to provide in the civilian sector under a fixed-price contract.

According to the Department of Defense, there will be greater coordination between military treatment facilities and CHAMPUS through health care finders and resource sharing agreements.

Contractor administrative personnel, as part of the health care finder function, will be made available in each military hospital to help beneficiaries obtain appointments for services in the most appropriate setting, whether in the military facility or with civilian providers, thereby improving beneficiary access to care and assuring optimal use of military hospitals.

Efficient use of military hospitals also will be increased through agreements (between the contractor and the commanding officers of military hospitals) for the contractor to provide civilian staff and other resources to the military facility, whenever possible, to expand availability of care in military facilities and avoid the higher cost of care in a civilian facility.

Administrative transition to the pilot program will begin Feb. 1, 1988. Actual

Please turn to page 2



Hospital Corpsman 2nd Class Wes Ichinaga (right) is frocked to his present rate by Captain Alice Martinson, Commanding Officer of the Naval Hospital, Oakland, at a farewell ceremony tendered for Surgical Team Nine. The team is deployed aboard the amphibious assault ship USS Pelileu in the Western Pacific region. (Photo by JO1 Dan Guam)

Deploys to WestPac

Surgical Team Nine on readiness alert

by JO1 Dan Guam

Readiness. In today's Navy, nothing is as important as maintaining an ever-ready force to project power and provide deterrence. Readiness is also the primary goal of the Naval Medical Command: to support the fleet and the Fleet Marine Force in providing rapid, mobile, and flexible response to any contingency.

Naval Hospital, Oakland, in an effort to support the medical requirements of a Marine Amphibious Readiness Group (MARG) centered on the USS Pelileu (LHA-5), recently deployed its Surgical Team Nine aboard the amphibious assault ship to demonstrate its version of medical readiness. The 19 team members were treated to a warm send-off at a farewell ceremony officiated by Captain Alice Martinson, the hospital's commanding officer.

"We hope to provide efficient medical care where and whenever needed during the deployment," said Commander Paul

A. Bostrom, a general surgeon and the team's leader. "It'll be to our professional advantage to deploy to further enhance the team's expertise in operational medicine."

A surgical team is one of several deployable units that comprise what the hospital's Mobilization and Planning Office calls "MMART," which stands for "Mobile Medical Augmentation Readiness Teams." The team provides basic general and orthopedic surgical care, and can staff one operating room for a sustained period utilizing existing facilities aboard a ship. Under a limited period, it can augment two operating rooms.

"The surgical team exists for the very same reason why the Navy Medical Department exists: to provide medical and dental support for elements of the fleet and Fleet Marine Force," said

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**SPECIALTY
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Nurse earns medal

Lieutenant Terry Cook (left), Nurse Corps, is congratulated by Naval Hospital, Oak Harbor, Executive Officer Commander Francis Hughes (right) upon presentation of a Navy Achievement Medal. Lt. Cook received the medal for his work as charge nurse for the pediatric and allergy-immunization clinics and nursery ward at Naval Hospital, Oak Harbor. Lt. Cook was cited for his development of a patient processing system and reorganization of the pediatric clinic appointment system, which resulted in a more than 25 percent increase of patients served. He was also cited for development of allergy clinic monthly audits and biannual statistical summaries of reaction rates.

(Photo by HM3 Michael Patterson)

Families to get \$3 billion care program

Continued from page 1

medical services will begin Aug. 1, 1988.

It will not take new taxes to finance the \$3 billion program. Foundation Health Corporation officials said the government already anticipated spending more than that with its CHAMPUS system.

Senator Pete Wilson, R-Calif., who was a prime supporter of awarding a contract in California, said in a statement: "The new insurance program will help contain rising health care costs in the military, which have ballooned 50 percent in just the past two years. We estimate that this contract will save the federal government over \$300 million during the next five years. In contrast, the military health care system overran its budget by \$400 million in the 1987 fiscal year."

Dr. Mayer said that over the pos-

sible five-year life of the CRI contract, the government expects to lower expenditures by nearly one-third of a billion dollars below what they would have been without the CRI contract.

The pilot project will also be assessed to set guidelines for possible expansion care into other CHAMPUS locations throughout the country.

Dr. James Schubert, chairman of Foundation Health Corporation, said that the program is structured to give his company an incentive to cut costs. If a 10 percent cost savings goal is reached, the corporation and the other subcontractors stand to make a 6 percent profit. "If we do not bring costs down at least 10 percent, we lose a significant portion of our profit margin," he explained.

What's the difference between outpatient and inpatient care?

Inpatient care is what you get when you're officially admitted to the hospital and stay overnight.

You can get outpatient care at the hospital, but you won't be officially admitted, and you'll go home or back to duty the same day.

Active duty and retired military members can get outpatient and inpatient care at a local military hospital or any other service medical facility. Their families get the same care from military facilities, but on a space-available basis. Or they may be treated at a civilian facility under CHAMPUS.

To get CHAMPUS to share the cost for outpatient care, there is no need to ask permission from the local military hospital. However, it is best to ask the health care provider if he or she participates in the program, which means the amount CHAMPUS says is reasonable is accepted as full payment. In fact, a participating provider may even file the claim for you.

If you get care from a provider who does not participate, you may end up paying more and will probably have to file the claim yourself. File the claim for cost-sharing of covered care with the CHAMPUS claims processor for the state where

you got the care.

CHAMPUS has an outpatient care deductible amount of \$50 per person or \$100 for the family in a fiscal year. (Fiscal year 1988 begins Oct. 1, 1987, and ends Sept. 30, 1988.)

Even when you pay the first \$50, include the total amount charged by the provider on your claim form.

Military retirees, surviving family members of deceased active-duty or retired military and some former spouses are eligible for CHAMPUS—in addition to the families of active duty and retired military members.

Tight budget forces PCS transfer delays

Many Navy people who have projected rotation dates (PRD) in the third and fourth quarters of this fiscal year can expect transfer delays.

In order to adjust to congressionally-imposed funding cuts and remain within the FY 88 permanent change of station (PCS) budget, all PRD's from April through September will be extended between two and four months. There will be no more cost PCS moves for the remainder of the fiscal year. Exceptions are:

- People completing their prescribed DOD area tour overseas, and those members required to fill overseas vacancies.
- Individuals going to training 20 weeks or longer, and those completing training greater than 20 weeks.
- People being assigned to new construction, as well as those who already have orders in hand.

Not too late to give

January national volunteer blood donor month

President Ronald Reagan designated January 1988 as National Volunteer Blood Donor Month.

"This month America honors all who have been generous in donating blood. I encourage all who are eligible—most adults are—to participate in this simple act with such huge personal rewards," said Reagan. "Anyone who has given blood knows the great satisfaction that comes with having contributed to protecting or preserving another's life."

This year's theme is "The Need for Blood Never Ends. Be a Regular Blood Donor."

Officials estimate 14 million units of blood will be needed this year. Last year, 8 million Americans donated 13 million units of blood.

Army Lt. Col. Anthony Polk, director of the Armed Services Blood Program Office, said that in order to prevent a shortage, blood donations by Department of

Defense military and civilian employees are needed now more than ever in Armed Services Blood Program blood drives on military installations.

Those undergoing nuclear power training.

Members being assigned to joint duty.

People being reassigned as a result of decommissioning, or those assigned to Navy detachments aboard Military Sealift Command ships (12-month unaccompanied tours), and

Directed, unaccompanied, and isolated tours.

Additionally, officers with orders to aviation training commands to fill vacancies, those in selected critical training pipelines, and officers rotating to or from commands will not be affected. Enlisted men and women who are undergoing certain selected critical skills training en route to sea duty also will not be affected.

The FY 88 DOD Appropriations Act has forced a cut of about \$25.1 million in operational and training PCS moves. By extending most

PRD's, the Navy hopes to eliminate the "bow-wave" of PCS moves into FY 89, while retaining some degree of flexibility in detailing and remaining within budget.

While the need to extend PRD's was unavoidable, the Navy is taking this action now to allow affected individuals to plan for their PCS transfers with greater assurance. Every effort will be made for members receiving orders this fiscal year to issue orders three months before CONUS transfers and five to six months before overseas transfers.

Should additional moves become available through cost savings or other actions, people will be moved early, with priority given to those with the longest sea tour lengths. As individuals approach their PRD's, they are encouraged to maintain close communication with their detailee. For more information, see NAVOP 003/88.

Defense military and civilian employees are needed now more than ever in Armed Services Blood Program blood drives on military installations.

"Military hospitals use about 200,000 units a year," said Polk, but in war, we'll need many times that amount."

The triservice-staffed program

\$16 million expansion at NAVHOSP Oak Harbor

Part of the federal budget approved for fiscal year 1988 includes approximately \$16 million for expansion of Naval Hospital, Oak Harbor. The expansion will more than double current hospital spaces, and allow outlying clinics such as Family Practice to move into the new addition.

Capt. William McDaniel, commanding officer at the Naval Hospital said, "This funding for the hospital addition will greatly increase our capabilities to provide

office coordinates blood program for the armed forces. The Armed Services Blood Program is the primary source of blood products used to treat military personnel and their family members worldwide. The blood program forms the nucleus for rapid expansion to fulfill military wartime blood requirements.

health care to all beneficiaries for many years to come."

Construction is expected to begin in about six months, and take about three years to complete.

As new spaces become available, clinics will move into them with minimal interruption of services. Once the addition is completed, renovation of the existing spaces will begin.

Health care will not be curtailed during the construction, although some inconveniences are expected.

Navy women flying status clarified

Recent civilian news media coverage of the Secretary of the Navy's internal study on the progress of women in the Navy has resulted in some confusion concerning women's assignments to selected aviation squadrons.

Secretary James H. Webb Jr. announced Dec. 21 that he had approved a recommendation to open aircrew assignments with the Navy's two shore-based Fleet Air Reconnaissance (VQ) Squadrons to women. News reports which indicated that women would be assigned to duty aboard P-3 aircraft have

led to speculation about women's assignments with Maritime Air Patrol (VP) Squadrons.

Navy women will not be assigned to VP squadrons, because VP aircraft have an offensive capability and combat mission, Navy officials said. The Combat Exclusion Law, Title 10, U.S. Code, Section 6015, specifically precludes the assignment of women to combat units.

Aircrew positions aboard EP-3 aircraft in VQ squadrons were opened to women, after SECNAV

approved a new definition of a combat mission. Under the new definition, VQ shore-based aircraft with only a reconnoiter mission and no offensive capability or active combat role were determined not to have a combat mission. As a result of SECNAV's decision, more than 100 officer aircrew billets, and more than 230 enlisted aircrew billets will be eligible for the permanent assignment of women. Navy women currently serve in VQ ground support billets.

CHAMPUS inpatient, Outpatient claim Rules discussed

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Northwest Region standouts selected



HM1 Martin Millage calibrates an infusion pump, medical equipment that prevents dehydration by maintaining the patient's body fluid level. (Photo by JO1 Dan Guiam)

Millage senior sailor of quarter

by JO1 Dan Guiam

Hospital Corpsman 1st Class Martin D. Millage is not your average sailor. He performs his job in an exceptional manner and exceeds what is expected of him, or else he wouldn't have been selected as the "Senior Sailor of the Quarter" for Naval Medical Command, Northwest Region headquarters staff.

"You've got to do more than just do your job," he said. "You have to really want to be the best. It's something that you have to work at real hard. It's not easy but very rewarding."

Now Petty Officer Millage says he has to work even harder and be on top of everything for being chosen "the cream of the crop."

"You feel the expectations are higher when you get an official recognition," said the 30-year-old bluejacket. "It does give you a big incentive to do better. Everyone notices you, and not only those people in your work space, but also those further up in the command that you don't see on a day-to-day basis. They're all aware of the kind of work you do."

You can always do your job and

get by," he continued. "It's really easy to be average—to be a 3.6 or 3.4 sailor and do a job good enough to qualify for reenlistment and recommendations for advancement. But when you do more than what's actually demanded of you, that's even better. You've got to look for things to do when you finish your job. You just don't wait for someone to assign you more work."

Petty Officer Millage is one of eight Hospital Corpsmen First Class assigned to the Bio-Medical Repair Division whose primary task is to maintain and repair medical equipment.

"It's a very challenging job," he said. "Bio-med repairmen are expected to be able to work on just about any piece of medical equipment that any naval hospital in the region buys, whether it comes from one particular company or another. There's a lot of electronics involved in our job. The electronics field is constantly changing, and that presents a challenge. Almost any piece of new equipment always involves new technology, because every year the manufacturers change it."

"One of the biggest challenges outside of the technology itself is the different people we have to deal with," Petty Officer Millage added. "We have to deal directly with just about every senior corpsman, charge nurse, and lab tech in the hospitals. We get all kinds of different responses to our work, and it takes all kinds of different re-

sponses to satisfy people. Since we are basically a service-oriented organization, we do have to be very careful about making the customers happy, not just keeping the equipment maintained."

What is his recipe of success for doing an outstanding job?

"There's a lot of things you can do, but concentrating on the job you're doing is very important," HM1 Millage said. "Being able to do the best you can on a specific task, and not just for the job overall, says it all. You do one thing at a time. If you try to do too many things at once, you tend to do, at best, average on all of them; and sometimes one or two jobs will just kind of get shuffled anyway."

"When I come to work, I concentrate on med repair," he continued. "I don't worry about jobs I have to do at home. I don't worry about dental appointments or things like that. When a job is done you can forget it and move on to the next task. But if you have three jobs going on at once, you're constantly thinking about the other two while you're working on one. That actually slows you down so you don't get the jobs done faster."

Petty Officer Millage's current job, however, is a far cry from what he did before he joined the Navy in 1977. The 10-year Navy veteran worked as a nurse's aide at a local community hospital in his hometown of Newberg, Ore., and came in the sea service as a Fire Control Technician (now referred to as FC).

"I enjoyed my job as a nurse's aide, but I felt I wasn't going anywhere," he said. "It was pretty much a dead end, without getting any further training or moving into the LPN, LVN or RN job."

"I joined the Navy mostly for the electronics training. I could get my hands on," he continued. "From what I understood at the time, the FT rating dealt with a lot of state-of-the-art electronics and computer technology, which were the primary areas I liked to get into. However, the field became overmanned when I was going to 'A' school. They offered us an opportunity to cross-rate, and the first choice I put down was HM medical repair."

Petty Officer Millage plans to stay in the Navy for at least 20 years, and is looking forward to running a shop to get more leadership experience. He contemplates going into business as a medical repairman when he switches back to civilian life.

Meanwhile, he enjoys charging in on his job and being the best he can be.

"The Navy has given me a lot," Petty Officer Millage said. "and I'm professionally giving the Navy a lot in return. Just being able to keep up with the technology, keep moving with it and staying competent in the field is a big accomplishment for me."

Petty Officer Millage and his wife, Sheila, have a daughter, Heather. They live in Alameda.



SN Kerwin Stanley makes a routine phone call concerning supply requisitions in his capacity as 09 Department's supply petty officer. (Photo by JO1 Dan Guiam)

Stanley junior sailor of quarter

by JO1 Guiam

Some people can't be satisfied with reaching an advantageous position. They want to make sure they stay there. At least that's the impression one gets with Seaman Kerwin Stanley.

His consistent professionalism on the job and his desire to excel have earned him another honor — this time as the "Junior Sailor of the Quarter" for Naval Medical Command, Northwest Region headquarters staff.

"I was surprised," said the 24-year-old bluejacket, who in mid-

December was the recipient of a Navy Achievement Medal for his involvement in the 1987 Combined Federal Campaign. "There's a lot of people out there working as hard as I am, and who also deserve the award."

But Stanley was quick to point out that there's no trade secret on his selection. Success to him is all hard work and dedication.

"You have to work hard and give 110 percent to get recognized," he said. "You also have to approach your job in a very professional manner and complete whatever task

that is assigned to you as quickly as possible."

In fact, everyone in Stanley's department (09) agrees he's a conscientious worker, and an indispensable team member who can be counted on to do any task that falls within the administrative section of the staff.

"I took the time-off to learn just about everyone's job in the department," said Stanley. "I know how to do messages, work on computers, and so on. If someone goes

Please see page 5



Lieutenant Karl Johnson, Administrative Assistant to the Commander, Naval Medical Command, Northwest Region, stands 6-foot-5. So, when it came time to frock him to his present rank, pinning on his new shoulder boards presented somewhat of a challenge for his wife, Kelly (left), and Captain T.F. Levandowski (right). However, the new Lt. Johnson was "equal to the occasion" as he smartly dropped to his knees so the important mission at hand could be completed without further difficulty. Assisting with the frocking is Lt. and Mrs. Johnson's son, K.

(Photo by Airman Debbie Davis)

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tip.**

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Jan. 29, 1988

Norwester



Senior corpsman retires

Senior Chief Hospital Corpsman Carl "J" Rankin Jr. escorts his wife, Tonia, through honors sidebuoys during recent retirement ceremony at Naval Air Station, Whidbey Island. HMCS Rankin concluded a 30-year Navy career with his tour at Naval Hospital, Oak Harbor. He made five WestPac cruises to Vietnam aboard three ships. He also made three transits through the Panama Canal while serving aboard the destroyer USS Paul F. Foster. (Photo by Naval Air Station, Whidbey Island, Photo Lab)

Surgical Team Nine on readiness alert

Continued from page 1

Lieutenant Jamison A. Whiteman, the team's medical administrative officer. "An LHA has a 300-bed capacity to take on patients. It's the largest hospital afloat with the exception of the newly commissioned floating hospitals USS *Mercy* and *Comfort*. So, as you can see, we can actually provide a significant amount of medical support for our sailors and Marines in the fleet.

"Pelileu has its own medical department, including her dental and personnel assets," Lt. Whiteman continued. "We go out there (in WestPac) with an orthopedic surgeon, anesthesiologist, and a team leader who is a general surgeon backed up by nurses and hospital corpsmen in specialized fields. We have adequate organic medical assets to meet the challenge of a large contingency operation.

"It should also be pointed out," Lt. Whiteman added, "that when the Marines deploy with us, possibly a battalion landing team, they also bring with them their own medical assets."

The primary mission of *Pelileu* is to embark, deploy and land elements of Marine amphibious forces onto a beachhead during an amphibious assault. Her secondary mission is to provide disaster and humanitarian relief to a stricken area, providing an added dimension but meaningful role in Navy medicine.

"For example, if a devastating earthquake hit an area, we can actually go there and practice what we are trained to do," Lt. Whiteman noted.

During the three-month deployment, the team will be based aboard *Pelileu*. The 39,300-ton *Tarawa*-class fighting ship will serve as the casualty receiving and treatment ship (CRTS) for the entire amphibious task group consisting of about five ships. In the event of a mass casualty, wounded sailors and Marines will be transported to the

CRTS either by helicopter or "Mike" boats, where the efficiency and expertise of the surgical team will come into play.

"It's a very challenging job," said Cmdr. Bostrom. "There's always something unexpected that may take place. When a ship is in the middle of an ocean, it's sometimes impossible to medevac a critically-ill patient to a shore treatment facility. That's where we come in. We have to be ready at all times to render the best medical care."

While deployed with the *Pelileu*, Surgical Team Nine will have the opportunity to participate in a number of training exercises scheduled for the amphibious task group, including the biggest training exercise in the free world, "Team Spirit '88." Team Spirit is a joint/combined annual exercise aimed at testing the readiness and capabilities of both the U.S. and Korean armed services in defending the Korean peninsula against communist aggression.

"The exercises and shipboard drills will definitely keep us busy," said Lt. Whiteman. "Everyone will be on their feet, either conducting PMS on medical gear or assisting the ship's medical department in renovating its area in-between drills and training lectures."

Equally as busy will be the team's parent command, Naval Hospital, Oakland, which must pick up the slack left by the departures of one general surgeon, one anesthesiologist, one orthopedic physician, and 16 other health care providers consisting of nurses, hospital corpsmen, and a medical admin officer.

This situation, which often causes Navy hospitals to reduce their level of services, has prompted top Navy medical planners to consider establishing four special surgical teams for call-up during routine deployments. The move, according to Vice Admiral James A. Zimble, Surgeon General of the Navy,

should reduce the frequency with which doctors are unexpectedly dispatched on deployments.

The proposal calls for staffing the four surgical teams with permanent members that are not from the hospitals' manpower assets. Two teams will be stationed on each coast, and will be used to augment hospital staffs when they are not deployed on ships.

"Our deployment will definitely have an impact on some services at the hospital," said Lt. Whiteman. "Of course, if you take away physicians in senior ranks and of high caliber, that's going to have an impact. But let me turn that around a bit. When we deployed the *Mercy* last year with a significant amount of healthcare providers from the hospital, I remember Capt. Martinson saying, 'Hospital services will not be curtailed whatsoever.' Those who were left behind when the *Mercy* took off had to work double time. They picked up the slack and did a tremendous job under short-handed conditions.

"Actually, I was a last-minute replacement," Lt. Whiteman continued. "They told me about it only a few weeks before we were to deploy, which clearly showed that anyone of us in the medical community can actually be picked to deploy at a moment's notice."

"That's why we have to be ready at any time," said Cmdr. Bostrom. "Readiness is the name of the game."

Other Surgical Team Nine members are: Lieutenant Commanders J.K. Burkus, L.M. Holm and M.L. Atchinson; Lieutenant D.M. Babin; Chief Hospital Corpsmen J.A. Day and R.M. Dehaven; Hospital Corpsman 1st Class R.M. Johnson; Hospital Corpsmen 2nd Class W. Ichinaga, J.A. McBryde, G. Rice and D.M. Taylor; Hospital Corpsmen 3rd Class D.V. Battaglia, T. Pogue and T.D. Sexton; and Hospitalmen J.A. Clark, P.J. Hawthorne and G.A. Watkins.

before the fiscal year ends. That's a challenge and a tremendous responsibility as well."

SN Stanley joined the Navy in 1984 mainly to learn self-discipline and to see what the world is like beyond his hometown of St. Louis, Mo. He was attending a local college on a basketball scholarship, when it dawned on him that he needed to move on instead of simply partying a lot. He then decided to try the military.

on emergency leave, I could then pick up the slack."

SN Stanley's myriad of tasks in 09 include acting as a supply petty officer, making message runs and helping maintain the command's central file. He's also the personal driver of the region's commander.

"I enjoy my job," he said. "It's challenging. The Navy itself is challenging. For example, in my job as a supply clerk, I have to make sure I don't run out of money

before the fiscal year ends. That's a challenge and a tremendous responsibility as well."

"The Navy has helped me set my priorities in life," he said. "Taking care of my responsibilities is the biggest lesson I learned from the sea service. You can't put them off. You can't delay them. You have to face them head on."

In the future, SN Stanley plans to leave the Navy, but only to come back in as an officer. He attends a civilian college four nights a week, and is working toward getting a degree in electronics.

SECNAV: U.S. role changing

The United States must take a "fresh look at the world and our place in it," said Secretary of the Navy, James H. Webb Jr., in a speech at the National Press Club in Washington, D.C., on January 13.

"National resources, changes in world economic structure, recent political changes, and the improved capabilities of our allies dictate that we must, perhaps for the first time since the late 1940's, seriously debate the posture of the U.S. military around the world, and the roles and missions assigned to our military service," he said.

Webb said, "The United States is still carrying most of the burden of defending Japan and the nations of Western Europe when they are capable of assuming their own defense. The U.S. Navy's responsibilities have also increased, as Asia has become more and more important to the world community."

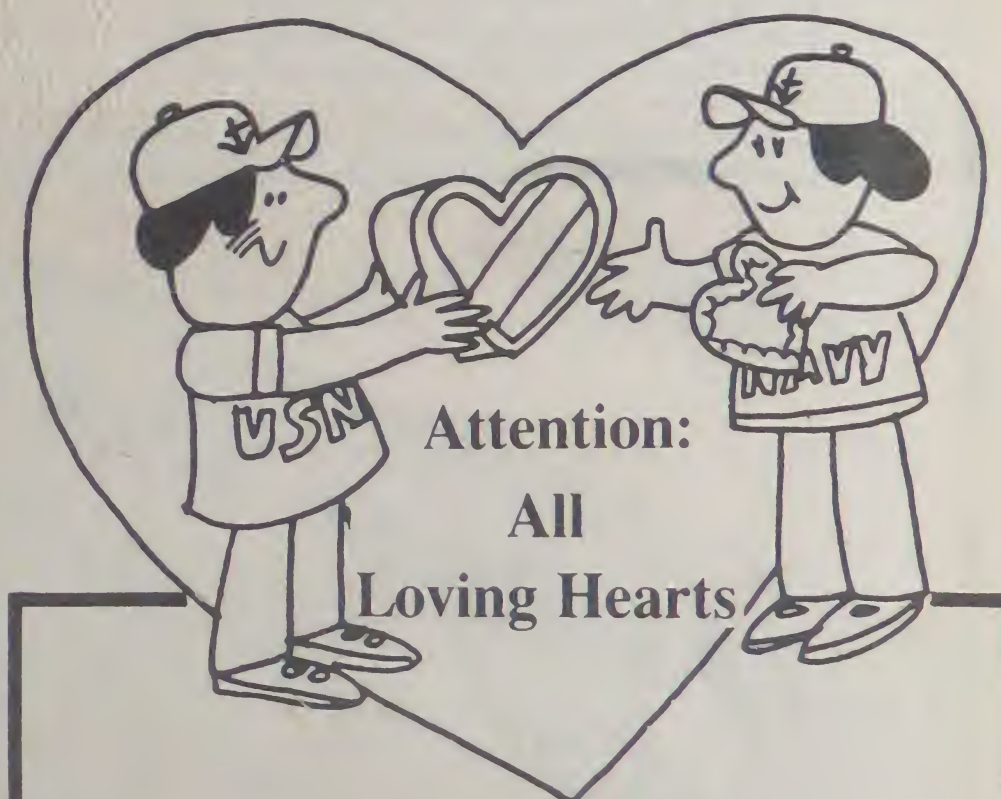
Webb pointed out that the Soviet Union is also placing more emphasis on Asian expansion, in addition to their activity in Central Asia, Latin America and Africa. Their "historic Russian dream" has come true, with a warm-water port at Cam Ranh Bay, Vietnam. "They are said to be looking for naval bases in North Korea," Webb said, "and are pursuing a cordial relationship with the People's Republic of China. The Soviets have also approached Thailand, Australia, and small nations in Polynesia and Micronesia.

"To the greatest extent possible, forces of the future should be free to deploy and to maneuver, and to concentrate at a crisis point and project military force at that point, without the necessity of negotiating base rights or the unavoidable involvement in local conflict that such base rights imply," Webb said.

American bases in Panama, Greece, Portugal, Spain, and the Philippines will be renegotiated soon. Webb said, "It is reasonable to assume that the U.S. will lose its lease in Guantanamo Bay, Cuba, in 1999."

With the need greater than ever for maritime power, the Navy budget is again facing serious cuts. "Those who claim that the last seven years have shown the greatest peacetime buildup of the U.S. Navy forget that the decade that preceded this buildup evidenced the greatest evisceration of the Navy in its history," Webb said. He recalled the prolonged periods at sea and the critical shortages of senior enlisted people the Navy faced in the 1970's. The extra sea time took its toll on Navy families, and Webb said, "I'm not sure we'd be lucky enough as a service to survive that misfortune again."

Webb said that he "hoped the nation's leaders would realize how illogical it seems to reduce the Navy and Marine Corps at a time when they should be assuming an even greater role in our international security posture."



To celebrate the upcoming Valentine's Day, the NORWESTER will allow its readers a chance to get their own personalized message to their "Valentine" published in the February 12 issue — completely FREE!

Messages should be limited to 20 words or less. Use the form printed below or write your Valentine message on a sheet of paper in the format below. Messages should be turned in no later than close of business Wednesday February 3 to:

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Messages may be mailed or delivered in person. NORWESTER reserves the right to edit messages for journalistic style. All submissions become the property of the NORWESTER.

Personalized Valentine's Day Message (Please Print or Type)

To:

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—Sports Roundup—

Oak Knoll Varsity Basketball

The Oak Knoll varsity basketball team suffered another loss to Moffett Field before rebounding and winning against NSGA Skaggs Island. Their luck was short lived, as an ill-fated recruiting venture from the USS Samuel Gompers was attempted against the USS Carl Vinson, who won the game by 6 points. The team's luck returned when they came home to brutally beat NWS Concord by 40 points. The team now holds an 8-4 record. The wins and losses are as follows:

Moffett Field	L	100-92
NSGA Skaggs Island	W	93-79

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USS Carl Vinson	L	110-96
NAS Lemoore	TBA	
NWS Concord	W	97-91
Treasure Island	W	97-96
NAS Fallon	W	
Mare Island	TBA	64-46
NAS Alameda	W	104-94
NCS Stockton	FORFEIT	2-0
Moffett Field	W	97-74
NSGA Skaggs Island	W	99-73
USS Carl Vinson	L	86-80
NWS Concord	L	127-87
	W	

In intramural basketball, the Untouchables are holding up to their name as they lead the intramural standings with a commanding 6-0 record. The Lost Boys found their way to second with a 5-1 record, and PT checked in with a strong third as they hold a 5-2 record. Other standings are as follows:

TEAMS	WINS	LOSSES	PCT.
Med Rads	3	2	.600
OR	4	3	.571
Supply	2	4	.333
Spec Delivery	1	3	.250
OR School	1	6	.143
Code Busters	0	8	.000

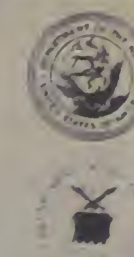

Volleyball

FIL/AMS are number one in the intramural volleyball standings, as they hold a perfect record of 3-0. OR kicks in with a strong 4-1 record, and the Suds Busters rounded off the top three with a 3-1 record. Other standings are as follows:

TEAMS	WINS	LOSSES	PCT.
Med Repair	3	1	.750
PMT School	3	1	.750
Bangers	3	2	.600
Supply	2	3	.400
OR School	2	3	.400
PT	1	3	.250
OB/GYN	1	3	.250
Code Busters	0	3	.000
M.C.	0	4	.000

CENTRAL PACIFIC SPORTS CONFERENCE CONTINUOUS POCKET BILLIARDS SINGLES CHAMPIONSHIPS

This event will be held Feb. 6, 1988 at the Golden Q Billiards, 1457 Solano Ave., Vallejo, Calif., commencing at 10 a.m. Contact Ron Brown at x6014 for more information.
The tournament will be a double elimination and 50 points will constitute a game. Each command may enter four contestants.



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In earthquake drill

Mare Island clinics display readiness



Top left photo: HM2 Rey Vinzon, HM3 Katie Silva (right) treat "burn victim." Top right photo: HM3 Daniel Duffin (left) tends to "injuries."

Natural disasters happen without warning, often bringing untold stories of human tragedy and suffering.

A major earthquake hitting the Bay Area is a strong possibility. With that in mind, the Navy Branch Medical and Dental Clinics, Mare Island, in cooperation with the Solano County Disaster Preparedness Organization, recently conducted a drill that tested the participants' readiness and capability to handle a major disaster with mass casualties.

More than 150 "patients," simulating injuries ranging from lacerations to respiratory problems, were evacuated to the island via helicopters and tugboats during the drill.

Team effort pays

Medical and dental personnel of the branch clinics immediately jumped into action the instant the first casualty arrived. Communications were quickly established, linking the island to civilian medical

radio frequencies, local Ham operators, and the Naval Station Mare Island's command central. The scene was busy with a variety of quick-acting, coordinated activities, and all participants giving their usual best efforts in lending assistance to care for patients.

When the drill concluded, it was termed a success by observers. The lessons learned, said one participant, will further improve the Mare Island Branch Clinics' ability to respond in an actual emergency.

HM1 Shirley Dennis (left) makes an assessment of this patient's injuries.

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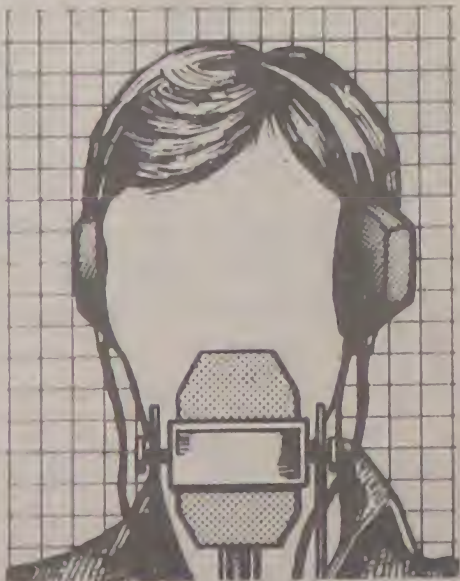
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NORWESTER

February 12, 1988

Volume III No. 3

The Voice of the Naval Medical Command, Northwest Region

Capt. Hill retires after 30 years of service



Captain Ronald Hill wears his Meritorious Service Medal as he addresses the crowd during his retirement ceremony.

Captain Ronald K. Hill was awarded the Meritorious Service Medal to highlight his retirement ceremony Jan. 19 as he turned over duties as Naval Medical Command, Northwest Region Assistant Chief of Staff for Dentistry to Captain Donald D. Antrim.

The presentation by Rear Admiral David M. Lichtman, Commander, Naval Medical Command, Northwest Region of the medal and citation, signed by the Chief of Naval Operations, capped a 30-year career for Capt. Hill.

Fellow dental officers, other region military and civilian personnel, and family and friends at-

tending the ceremony at the region officers' club in Oakland heard Capt. Hill cited by the CNO for "superb performance of duty and untiring dedication that resulted in unparalleled contributions to the accomplishment of mission goals. Whether acting as Commander or Chief of Staff, chairing special project committees, or performing his primary tasks, he provided an invaluable source of leadership, counsel, experience, understanding and wisdom."

Capt. Hill had served as ACOS for Dentistry since September 1984. His successor, Capt. Antrim, recently assumed duties as Com-

manding Officer, Naval Dental Clinic, San Francisco on Treasure Island. Capt. Antrim will continue to wear the hat of dental clinic C.O. while assuming his new primary responsibilities as the region ACOS for Dentistry.

Vice Admiral James A. Zimble, Surgeon General of the Navy, sent a letter to Capt. Hill saying: "I want to thank you for your outstanding service to the Navy and Marine Corps as you complete an illustrious career in the Dental Corps. Your contributions to the practice of quality dentistry have left a lasting impact on all those with whom you have been associated."

Rear Admiral Richard G. Shaffer, Chief of the Naval Dental Corps, also said in a letter: "As you retire, I express my sincere appreciation for your service to the Naval Dental Corps. You are completing a great career where you unselfishly gave your professional energies, clinical skills and military expertise to Navy and Marine Corps personnel."

Rear Adm. Lichtman praised Capt. Hill's efforts during his tour, specifically mentioning his role in overseeing the creation of the Naval Medical Clinics Command, San Francisco and serving as coordinator for the homecoming activities of the hospital ship USNS Mercy.

Capt. Hill thanked everyone for the fond memories and especially, his family, for the support that enabled him to complete a successful Navy career. He and his family plan to move to Bonita in South San Diego County. He will practice dentistry at the nearby Otay Mesa

Correctional Center.

A final salute was rendered to Capt. Hill as he was "piped over the side" through sidebuoys comprised of his fellow dental officers.

Prior to his retirement, Capt. Hill reflected on his career, "I've enjoyed the camaraderie of the people I've worked with and the appreciation expressed by my dental patients. Each duty station has been better because you make more friends as you go along."

Capt. Hill served throughout the United States including the Naval Academy and Naval Dental School, Bethesda, Md., and with the Marines on both the east and west coasts. He was assigned to the communications ship USS Annapolis and the repair ship USS Jason, making cruises to Vietnam.

"It makes you feel good to help a patient that needs the care," Capt. Hill remarked. "The last thing you want to see is a sailor going out on a ship or a Marine in the field with a toothache."

Capt. Hill said that his job as ACOS for Dentistry for the region was one of the most challenging of his career.

"It was the challenge of working in administration, which I wasn't used to," he explained. "It was trying to learn the multitude of jobs, of how hospitals operate, and how to deal with the unfamiliar. I didn't have the training and I had to scramble."

"But we have talented people at region headquarters and I soon learned through their support and teamwork. It made me feel good to know that I was involved in providing care to a larger community

of people in the region."

Capt. Hill said one of the most significant developments in Navy dentistry is the new Dependent Dental Plan. "It offers much more to dependents than we could offer in a Navy clinic."

"Navy dentistry has come a long way since the people of my generation started out," he concluded. "I can remember when dentists didn't have a standard ultra high-speed hand-piece (drill). Now we have state-of-the-art equipment. I won't say it's a pleasure going to the dentist, but it's getting close."

New Dental ACOS named



Captain Donald Antrim is the new Assistant Chief of Staff for Dentistry for the Naval Medical Command, Northwest Region.

New state-of-the-art NAVHOSP opens in San Diego

The Balboa Hospital in San Diego began as a few tents hastily erected to treat sailors and Marines returning to fight in World War I.

On January 23, the Surgeon General of the Navy, Vice Admiral J.A. Zimble, dedicated the new 1.2 million square foot Naval Hospital, San Diego, the world's largest and most modern naval hospital.

The new hospital cost \$238 million, \$25 million under budget. The hospital will serve 400,000 people in the San Diego area who are eligible for care.

Retired Captain Alma C. Smith was the hospital's first officer in charge in 1917 when it was only a maze of tents. Now, 95-year-old Smith presided as the dedication ceremony's distinguished guest of honor.

"I could not have imagined my hurriedly-assembled and poorly-equipped dispensary ever developing into the magnificent structure here," Capt. Smith said.

The first hospital buildings were built in the early 1920's, and the

buildings were added as needed. The hospital's size grew rapidly during World War II, as the theater of war moved to the Pacific. Growth was further stimulated by the increasing demands on the hospital made during the Korean and Vietnamese conflicts. By the time a new hospital was in the planning stages, the obsolete hospital sprawled over 77 buildings.

All but three of the 77 buildings will be demolished. The cleared area will be returned to open park land.

The new hospital is located just behind the old complex in the Florida Canyon area of San Diego. The Navy swapped the old site for the new one with the city of San Diego. The old hospital will be turned over to San Diego in June.

The new hospital will be equipped with the most advanced state-of-the-art medical equipment, making it one of the most advanced hospitals—military or civilian—in the state.

The hospital's medical equipment

includes \$80 million in new medical facilities as well as \$20 million in materials taken from the old hospital.

One example of the new hospital's efficiency is their new internal delivery system. A group of 27 self-propelled carts will load and deliver food, linen, trash, medical supplies, and other materials throughout the hospital twenty-four hours a day. The carts will do their work out of sight from visitors, patients, and most of the staff through their use of dedicated hallways and elevators.

The new hospital complex conforms to building codes for earthquake safety, and 3,000 parking spaces surround the structure.

"I see this new hospital as a rebirth of Navy Medicine," said Rear Admiral H. James T. Sears, Commander, Naval Medical Command, Southwest Region. "It should allow us to see more patients with more complicated cases, improve training, and provide better care across the board."



Dr. William Mayer, Assistant Secretary of Defense for Health Affairs; Rear Admiral James Sears, Commander, Naval Medical Command, Southwest Region; Vice Admiral James Zimble, Surgeon General of the Navy; and Retired Captain Alma Smith cut the ribbon opening the new Naval Hospital, San Diego. The new Naval Hospital is one of the most modern state-of-the-art health care facilities in the country.

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Black history month special

Armed Forces outlines observance

This February, members of the U.S. armed forces and DoD civilian employees will be learning more about the role black Americans played in making the United States strong and free. The theme for 1988's observation of Black History Month is "The Constitutional Status of Afro-Americans into the 21st Century."

According to DoD's deputy director for military equal opportunity, Marine Corps Maj. Merle Schneider, the idea of this year's theme is to increase awareness of the constitutional rights guaranteed Americans regardless of race, creed or sex, as well as the duty of all Americans to defend these rights.

Credit for the idea of setting aside a time for Americans to learn about black contributions to society belongs to the late historian and educator Carter G. Woodson, a Harvard PhD who founded the Association of Afro-American Life and History. In 1926, Woodson's association initiated Negro History Week during the week in February containing the birthdays of Abraham Lincoln (Feb. 12) and abolitionist and black leader Frederick Douglass (Feb. 14). Woodson hoped that a togetherness in the United States' racial groups would develop out of a mutual respect for their diverse backgrounds.

The popularity of the week continued to grow until it became national in scope. During the country's Bicentennial celebration in 1976, Americans everywhere had a

heightened interest in learning about the people from all ethnic groups who built this nation. Therefore, the association expanded the week's celebration to the entire month to provide more time for programs, observances and

Looking back, thinking forward

Blacks chronicled throughout our history

February marks the 62nd annual observance of Black History Month. This year's theme is "the constitutional status of Afro-Americans into the 21st century." The Naval Medical Command, Northwest Region joins the Navy ashore and at sea worldwide in recognizing the significant contributions black Americans have made, and continue to make daily, in defense of our nation.

Throughout the nation's history, black Americans remained proud of their country, many giving their lives to support it. The Constitution they were defending, though, was not being interpreted and enforced by Congress to allow them the same rights and privileges as other citizens.

Blacks' service to the nation is as old as the country itself. During the Colonial period, they fought and died bravely, but none received much recognition or was declared a national hero. The first person to die in the Revolutionary War was a black named Crispus Attucks. The War of 1812 was mainly a naval war, and blacks made up between 10 and 20 percent of most ship's crews. They performed heroic duty, and even Oliver Hazard Perry, who initially objected to black sailors, later praised their bravery.

More than 180,000 blacks fought in U.S. Colored Troop units — 10 percent of the total

Union strength — during the Civil War. They knew that emancipation would come, even though President Abraham Lincoln had said the Union, not slavery, was the issue.

By the time the call to arms was heard during World War I, black Americans had proven time and again their desire to aid in the common defense of the nation. More than 400,000 blacks fought in the war. And, despite segregation and discriminatory assignments, more than 1,300 were commissioned as officers.

During World War II, blacks were no longer restricted to labor details. They were infantrymen, tankers, parachutists and officers leading patrols on tactical missions. They became pilots, nurses and doctors. World War II was also the first war in which black contributions were documented and accepted without debate.

When North Korea attacked South Korea on June 25, 1950, blacks again made major contributions. They made up 13.5 percent of all troops, 80 percent of them in all-black units. Two black soldiers — Private William Thompson and Sergeant Cornelius H. Charlton — became the first black Americans to receive the Medal of Honor since the Spanish American War.

The Korean War also resulted in other milestones: Ensign Jesse L.

Brown became the first black Navy aviator and Frederick C. Branch became the first black to be commissioned in the Marine Corps.

This year's observance in the Pentagon includes a kickoff cele-

bration Feb. 10 supported by Secretary of Defense Frank Carlucci. A principal guest speaker will be the country's only black four-star general, Gen. Bernard P. Randolph, commander, Air Force Systems Command.

During the Vietnam War, blacks no longer had to prove their capabilities, and units in the military were truly integrated for the first time. The war provided many black role models in leadership and courage and the ability to overcome obstacles to achieve excellence.

After Vietnam, peacetime equal opportunity programs were reinstated in earnest and preconflict issues were addressed. Affirmative action plans addressed specific equal opportunity problems. All military personnel received equal opportunity training.

Today, blacks make up more than 21 percent of the enlisted force and 6.5 percent of the officer active duty force; in 1971, blacks were only 10.2 percent of the total active force.

NWREG's own honoree

February also marks the observance of the 40th National Children's Dental Health Month. This year's theme is "a healthy smile shows your style." Thinking of healthy smiles, style and black history month brings to mind Dental Technician 3rd Class Howard Jordan of Naval

Hospital, Oakland Dental Department. Petty Officer Jordan is a black American whose caring attitude about healthy smiles and style among both patients and fellow medical and dental personnel earned him Naval Hospital, Oakland Sailor of the Year honor last year. He is only one of many outstanding black Navy Active duty and civilian personnel in the Northwest Region who exemplify a continuous caring approach to their duties and uphold the motto "we stand ready to assist."

The *Norwester* is proud to have the opportunity to chronicle the accomplishments of black Americans in Navy medicine throughout the year, and thereby play a role in preserving historical perspectives. The contributions of black Americans linked together with those of a diverse variety of other races, religions and cultural backgrounds represented by the people of our community, makes the Northwest Region one of the leaders, if not the top-performing region, in the Naval Medical Command. It is these achievements in Navy medicine, gained by not just black Navy men and women but gained and shared by all in our Northwest Region "family," that help fulfill past promises of the Constitution in our present times and will help to elevate the status of all Navy men and women into the 21st century.



NAVHOSP honors

HM2 Cynthia Fulford displays her second Good Conduct award in the radiology department where she is assigned at the Naval Hospital, Oak Harbor. Fulford is LPO of the radiology department.

Ship's Serviceman Seaman Teresa Jones, NMCNWR Special Services

"In a society where blacks were not always accepted, black leaders from Harriet Tubman, George Washington Carver to the Rev. Dr. Martin Luther King Jr. emerged and stand tall to this very day."



Arnold Ray, Navy Exchange patron

"Jazz music figures largely in my life because of the inspiration and perseverance of entertainers like: Duke Ellington, Count Basie, Miles Davis, Ella Fitzgerald, Sarah Vaughn and so many others. Through it all, they still came out on top."

Wanda Cappello, Secretary to the Chief of Staff NMCNWR

"I would say religion has contributed the most to my life. My many black friends, co-workers, and fellow church members exhibit a positive, unashamed, and profound belief in God which they share so willingly, in times of rejoicing, as well as in times of distress and grief, that have cheered me up and uplifted me as no other force has been able to do."



Marge Lessage, Secretary to the Commander NMCNWR

"I grew up in a small midwestern community where my exposure to black culture was virtually nil. Since my arrival in California, now a good many years ago, and working side-by-side with people of other ethnic backgrounds, I have developed many fond and long-lasting friendships and an appreciation for the rich diversity of culture I will cherish for years to come."



Lt. John Espie, NMCNWR Comptroller Department

"Music has contributed most positively in my life. I love rhythm and blues and all other forms of black music, including native African music. Through my extensive travel throughout Africa, I developed a sense of history regarding both black roots and mankind's roots in Africa."



Norman Gross, Navy Exchange patron

"The richness of the vast African cultures mean the most to me. I can identify myself with the many great black cultures: the Moors, the Egyptians, the Zulus, the Ethiopians, and many other great civilizations of Africa."



NORWESTER

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Norwester Insider

AIDS safety for med care

by Jonathan Arnowitz

The second of a two-part series dealing with safety measures to prevent infection with the Human Immunodeficiency Virus (HIV), which has been shown to cause Acquired Immune Deficiency Syndrome (AIDS).

This article is based on the Center for Disease Control's (CDC) Mortality and Morbidity Weekly Report study, "Recommendations for prevention of HIV transmission in healthcare settings."

The first part outlined precautions that should be followed in everyday clinical environments and in clinical procedures involving broken skin, blood and blood products exposures. All those precautions must be followed for all patients. This article will focus on additional precautions for surgery, autopsies, dialysis, and laboratories.

Precautions for Surgery

- Everyone involved in the surgical process must use barrier precautions to prevent skin and mucous membrane contact with any patient's blood and other body fluids.
- Gloves, gowns, and masks must be worn for all surgical procedures.
- Protective eyewear should be worn to protect against splashing blood or body fluids.
- Healthcare workers who perform or assist in childbirth should wear gloves and gowns when handling placenta or the infant until blood and amniotic fluid have been removed from the infant's skin. Gloves should also be worn for the post-delivery care of the umbilical cord.

Safety for Autopsies and Morticians' services.

- In addition to the blood and body-fluid precautions listed in our last article, the CDC recommends the following steps:
- All persons performing in post-mortem procedures should wear gloves, masks, protective eyewear, gowns, and waterproof aprons.
 - Instruments and surfaces contaminated during postmortem procedures should be decontaminated with a chemical germicide.

Precautions for Dialysis

Patients with end-stage renal disease who are undergoing maintenance dialysis and who have HIV infection can be dialyzed in hospital-based or free-standing dialysis units using conventional infection control precautions.

Patients infected with HIV can be dialyzed by either hemodialysis or peritoneal dialysis and do not need to be isolated from other patients.

Safety in laboratories:

- Blood and other body fluids from all patients should be considered infective. The following steps beyond those previously outlined should be followed:
- All specimens of blood and body fluids should be put in a well-constructed container with a secure lid to prevent leaking during transport. Care should be taken when collecting each specimen to avoid contaminating the outside of the container and of the laboratory form accompanying the specimen.
 - All persons processing body fluid specimens should wear gloves. Masks and protective eyewear should be worn if mucous-membrane contact with specimens is possible. Gloves should be changed and hands washed after completion of specimen processing.
 - Biological safety cabinets should be used whenever there is a possibility for generating droplets, for example: blending, sonicating

- and vigorous mixing. Cabinets are not necessary for more routine procedures.
- Mechanical pipetting devices should be used for manipulating all liquids in the laboratory; mouth pipetting must not be done.
 - Use of needles and syringes should be limited to situations in which there is no alternative.
 - Laboratory work surfaces should be decontaminated with a germicide when work activities are completed.
 - Contaminated materials used in laboratory tests should be decontaminated before reprocessing or be placed in bags and disposed of in accordance with institutional policies for disposal of infective waste.
 - Scientific equipment that has been contaminated and cleaned before being repaired.
 - All persons should wash their hands after completing laboratory activities and should remove protective clothing before leaving the laboratory.
- Implementation of HIV precautions for all patients eliminates the need for warning labels on specimens since all specimens should be considered infective.

Summary of HIV safety:

All of the above steps outlined by the CDC follow one principle: do not exchange body fluids. That is the only way HIV is transmitted.



Rear Admiral David M. Lichtman congratulates Renee Levy on her frocking to Personnelman 3rd Class. (Photo by AN Debbie Davis)

Enlisted detailers visit NWREG

Enlisted detailers will be in the Bay Area February 16 and 17, and will have in hand the manning control authorities and personnel requisitions.

All ratings will be represented except nuclear NECs and those personnel assigned by the Submarine Branch (NMPC-403) and Diving/Spec Warfare /EOD Branch (NMPC-401).

Senior Chief Personnelman Betty McClyman, career counselor for the Naval Medical Command, Northwest Region headquarters staff, encourages anyone on a career move to talk with their respective detailer, especially those who are scheduled to rotate in August this year.

"A face-to-face basis of negotiating orders is more effective than doing it on the phone," said the senior chief. "It's easy to have an open communication that way. You can freely express what you want."

The face-to-face meeting also gives one an opportunity to see how detailers operate and process transfer orders. Detailing a billet assignment is not an easy task as you think. There's a lot to it."

Personnel assigned to the staff who wish to set up an appointment with their respective detailers should first contact Senior Chief McClyman at 633-6153. Chief Hospital Corpsman Carol Bush is the point of contact for personnel stationed at the Naval Hospital, Oakland. She can be reached at 633-5083.

"People due to rotate or reenlist will have the first priority," stressed Senior Chief McClyman. "Basically anyone who wants to meet with her/his detailer are encouraged to do so but there has to be a justifiable reason for the need. The detailers will only be here for two days. Their time should be used

Please see next page

Navy to re-test for HIV

Navy people will again be tested for HIV antibodies. All active-duty Navy members were first tested two years ago.

The test is being repeated to track the incidence of Acquired Immune Deficiency Syndrome (AIDS). The first test showed that about one-fourth of one percent of Navy people had been exposed to HIV.

This year, those who are deployed or who could deploy at short notice will be tested first.

The testing will then proceed in the following order:

1. Those with orders to deploying units or shore stations outside the continental U.S.
2. Doctors, nurses, corpsmen, dentists, dental technicians, and others who provide health care.
3. All remaining active-duty personnel.

Commands are responsible for coordinating with local testing facilities and filling out roster forms. Individuals are responsible for having both their medical and dental records available when blood is drawn for the HIV test. Command testing won't be complete until test results have been documented in members' health records.

Positive HIV test results will be kept strictly confidential.

2. Doctors, nurses, corpsmen, dentists, dental technicians, and others who provide health care.

3. All remaining active-duty personnel.

Commands are responsible for coordinating with local testing facilities and filling out roster forms. Individuals are responsible for having both their medical and dental records available when blood is drawn for the HIV test. Command testing won't be complete until test results have been documented in members' health records.

Positive HIV test results will be kept strictly confidential.

Register to vote in presidential primaries

February is the start of the presidential primary season. This will kick off an election year that will culminate on Nov. 8, when Americans will vote a new president and other national leaders into office.

Primaries will be held in 36 states, Puerto Rico and the District of Columbia. The first state primary will be held in New Hampshire Feb. 16. The biggest primary day this year is March 8—the so-called "Super Tuesday." A total of 16 states will hold primaries then.

Service members and civilians stationed outside their home states can vote via absentee ballots. States have different laws and deadlines. Contact voting assistance personnel for more information.

Two primaries are scheduled for February:

New Hampshire	Feb. 16
South Dakota	Feb. 23

Twenty states and Puerto Rico hold primaries in March. They are:

Vermont	March 1
South Carolina	March 5
Alabama, Arkansas, Florida, Georgia, Kentucky, Louisiana, Maryland, Massachusetts, Mississippi, Missouri, North Carolina, Oklahoma, Rhode Island, Tennessee, Texas and Virginia	March 8
Illinois	March 15
Puerto Rico	March 20
Connecticut	March 29

Three states will vote in April:

Wisconsin	April 5
New York	April 19
Pennsylvania	April 26

Seven primaries are set in May:

District of Columbia, Indiana, Ohio	May 3
Nebraska, West Virginia	May 10
Oregon	May 17
Idaho	May 24

Five states hold primaries in June. They are:

California, Montana, New Jersey, New Mexico	June 7
North Dakota	June 14



HN Scott Allen (Honors), NAVHOSP, Camp Lejeune, N. C.

HM3 Mark Atkinson (Honors), 2nd Marine Aircraft Wing, MCAS, Cherry Point, N.C.

HN Ricky Baker, NAVHOSP, Charleston, S.C.

HN Richard Birchenough, NAVHOSP, Beaufort, S.C.

HA Virginia Bowden, NAVHOSP, Long Beach

HM3 David Branagan (Honors), USS Gunstan Hall (LSD-44)

HM3 John DiMaria (Honors), NAVHOSP, Jacksonville, Fla.

Graduations x-ray techs

HN Dale Fisk (Honors and Distinction), 1st Marine Aircraft Wing, Okinawa

HN Jesus Galvez, NAVHOSP, Camp Pendleton

HN Randy Gray, 3rd FSSG, FMF, Okinawa

HN Alan Hiltz, USS Concord (AFS-5)

HM3 Melissa Johnson (Honors and Distinction), NAVHOSP, Roosevelt Roads, Puerto Rico

HM2 Deborah Kern (Honors and Distinction), BRANAVHOSP, Sigonella, Sicily

HM2 Patrick Kiedrowski (Honors and Distinction), NAVHOSP, Long Beach

HS3 Michael Mays, USCG Support Center, Alameda

HM3 John Michel (Honors and Distinction), NAVHOSPBRACLIN, NAS, Kingsville, Texas

HN Charles Nodich, NAVHOSP, Camp Lejeune, N.C.

HS3 Theresa Powell (Honors and Distinction), USCG Support Center, Governor's Island, N.Y.

HM3 Patrick Ray (Honors), NAVHOSP, Bremerton, Wash.

HM3 Sandra Summers (Honors and Distinction), NAVHOSP, Philadelphia, Pa.

HM3 Michael Sweeden (Honors and Distinction), NAVHOSP, Lemoore

CFC goal met and passed

A warm and gracious "Thank you!" is extended to all the staff at Naval Hospital, Bremerton; Puget Sound Naval Shipyard Branch Clinic; and Bangor Branch Clinic for their most generous support to this past year's Combined Federal Campaign (CFC). They not only met, but exceeded their goal by 190 percent!

The hospital and clinics met the challenge of "giving others a chance." This year's total of over \$23,000 will go to numerous charitable and human service agencies that will reach out to those in need both in our community, throughout our country, and all over the world.



Kids offered free dental care

Have your children seen a dentist lately?

The Naval Hospital, Oakland, Dental Department is offering free screening examinations to dependent children (ages 4-14) of base personnel and retired hospital staff on Saturday morning, Feb. 20.

The exams are provided as part of Children's Dental Health Month during February. Appointments can be arranged by calling Dental Technician 3rd Class Howard Jordan at (415) 633-5346. Appointments are on a first-come, first-served basis between the hours of 8 a.m. until 12 noon on Feb. 20 — one day only — in the Dental Annex (Bldg. 67A).

Children will receive a fluoride treatment, brushing instructions, a

toothbrush and a balloon along with the exam. This screening is not intended to duplicate the new CHAMPUS-sponsored Military Dependents Dental Program, the dental department emphasized. The dental department encourages all children to start on a program of regular care with local dentists.

"Our program will serve to educate parents and children alike about the advantages of regular care," Lieutenant Doug Lewis, spokesman for the dental department, said. "The children will be shown a video entitled 'Toothbrushing with Charlie Brown.' Dental officers will be happy to answer parents' questions about their child's dental health.

"Appointments will go fast, so

don't delay," urged Lt. Lewis. "Preventive care is simple, easy for kids, and it works. Modern techniques can give your child a healthy trouble-free mouth. Start them today on a program of regular dental care."



Valentine wishes from NWR

Captain Cupcake

Our love is eternal and you are my EVERYTHING!

"Now and Forever"

Admiral Peaches

Mrs. Norma Lewis; "MOM"

Happy Valentine's Day! Thank you for everything. Love Always! YNSN John Russell

Frankie, Sable, Charlotte, and Rea
Happy Valentine's day to four of my very special friends.
Get it Girls!

Ann

Edith

This month is our sixth! Happy Valentine's Darling!
I love you!

Me

"Little Pooker"

You're unlike anyone I've ever met. Thans for sharing a part of you with me. Happy Valentine's Day . . . everyday
"The Second Hisser"

Best Mom Ever, Carol Bauer

Always know I love you very much. And I appreciate every little loving thing you do for me. Happy Valentine's Day.

Debbie

Paul

Your the sweetest. Without you life would be so lonely! Thank you.

Happy Valentine's Day

D.J.

Judy

I love you but finish the sink

Toby

Howard

Thank you for being a friend, the best. Happy Valentine's Day

Re

Bob,

I love you baby. Need I say more?

Happy Valentine's Day.
Kim (Your soon to be wife!)

My Love,

I love you more today than yesterday and even more tomorrow. Happy Valentine's Day!
A & F Marie X O

Rosanne,

Will you be my Valentine?

Jon A.

Rachel,

I love you as always
Dick H.

Mirald loves Galina

Ruth,

I had a great time, love you forever after

Babe

Toby

I love you even if you do nag me about the sink.

Judy

Doris W.

Yours as always
C.D. C.

Richard H.

Your a heck of a guy!
D. Sara A.

Roberta A.

Go for it! You want it, we've got it, your going to get it!
Harvey M.

To: Diana

You are the sunshine of my life.
Happy Valentine's Day!
From: Zak

To: Carol

Thank you for making me the happiest I have ever been. I love you very much.
From: John

To: Bob

A special Valentine wish for a most special man; you've changed my life and brought such joy to everyday living.
From: Catherine

To: The "frog's" family

Message: You make me leap for joy. I love 'ya always.
From: "Kermit"

To: Steven

Happy Valentines Day to my bear. You give good love.
From: Linda

medal and a kiss

Naval Corpsman 2nd Class Ronald Aubery (right) receives a congratulatory kiss from his mother-in-law after being presented a Navy Achievement Medal by Rear Admiral David M. Lichtman (left). (Photo by Dan Guimam)

detailers

continued from previous page
erly and not merely to shoot
reeze."

ring the visit, the detailers will
ole to make on-the-spot re-
tment assignments/com-
ments to those who are eligible
recommended by their com-
! However, they will not be
ared to discuss command man-
The subject should be address-
o the manning control author-
ia the chain of command.
ue command problems may be
essed to Commander Christen-
(NMPC-404), or Lieutenant
mander Giesen (NMPC-402) at
NAS Alameda Career Coun-
Office, phone 869-3403/44
ercial) or 686-3043/44 (AV).



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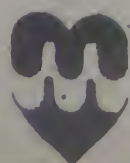
Diane Schloeder at 619-260-7205.

MERCY HOSPITAL
AND MEDICAL CENTER

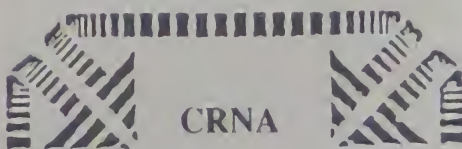
4077 5th Ave., San Diego, CA 92103

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EEO



The Oak Knoll Naval Guild will sponsor a Valentine's Day bake sale today from 8 a.m. til 4 p.m. in the lobby of Naval Hospital, Oakland. Proceeds from the sale will be used for community projects the club has lined up for this year. The club is a non-profit organization composed of officers' wives.

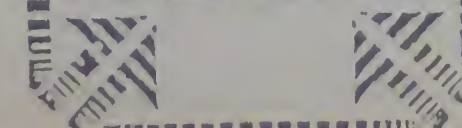


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NOR'SPORTS

Skiing discounts offered

Attention all skiers! The Special Services office of Naval Medical Command, Northwest Region, is offering some great deals on Ski Lift tickets. All you have to do is call Larry Burchan or SHSN Tee Jones at (415) 633-6015/6016 to get more information or tickets. The

following discount prices are offered: Alpine Meadows-\$24, Boreal-\$17, Northstar at Tahoe-midweek-\$20 and weekends-\$24, Squaw Valley USA-\$27.

CHECKLIST FOR SKIERS

A good skier is a prepared skier

and important phone numbers that will help make things run smoother when you go to the mountains are as follows:

1. Ski conditions: for skiing and highway conditions, call the California State Automobile Association at (415) 864-6440, or call the snowphone numbers listed under each alpine ski area in the pullout guide.

2. Weather forecasts and road conditions: for Sierra road conditions, call the State Department of Transportation at (415) 557-3755 (San Francisco), (415) 654-9890 (Oakland), (415) 938-1180 (Walnut Creek), (408) 436-1404 (San Jose), (707) 643-8421 (Vallejo), and (916) 577-3550 (South Lake Tahoe).

3. Road Services: for 24-hour emergency road services: central dispatch offices for AAA members (with referrals to other towing services for non-members), call (916) 541-2430 (South Shore of Tahoe), (916) 546-5949 (Kings Beach or Incline). The highway can be reached at (916) 587-3518 (Truckee) and (916) 577-1001 (South Lake Tahoe).

4. Hospitals: Tahoe Forest (Truckee): (916) 587-6011; Barton Memorial (South Lake Tahoe): (916) 541-3420; Lakeside (Incline): (702) 831-5755; Centenila Mammoth (Mammoth Lakes): (619) 934-3311.

5. Lodging central reservations and referrals: In the South Tahoe area, call (800) 822-5922; In the North Tahoe area, call (800) 822-5959; In the Mammoth area, call (800) 367-6572.

Navy tours planned

It's time to get your bags packed and go to the Naval Medical Command Northwest Region Compound Special Services Office on the 2nd deck of building 38.

Below are the tours Special Ser-

vices is planning. All tours originate at Moffett Field on the "Moffett Flyer." If more than 10 people sign up for these tours, transportation can be provided for people from Oak Knoll to Moffett Field.

Dates	Time	Tour	No. of Days	Price
Thurs., Feb. 18	0945-1800	Golden Gate Fields	-	\$24
Sun., Feb. 21	0900-1730	Whale Watching Cruise	-	\$34
Thur., Feb. 25	1000-1530	Sunset Garden Tour	-	\$19
Fri., Feb. 26	0900-1700	Be My Guest	-	\$35
Sun., Feb. 28	0830-1800	Harvey's Lake Tahoe	3	\$160
Thurs., Mar. 3	0830-1730	Domaine Chandon Luncheon	-	\$40
Sat., Mar. 5	0900-1700	Monterey Bay Aquarium	-	\$15
Tues., Mar. 8	0900-1700	Carmel	-	\$11
Thurs., Mar. 10	0830-1600	Tulip Time at Pier 39	-	\$19
Sat., Mar. 12	0830-1730	Ann's Discount Shopping	-	\$16
Thurs., Mar. 17	1730-2300	A Great Day for the Irish	-	\$35
Sat., Mar. 19	0800-1700	Sacramento Delta Cruise	-	\$35
Wed., Mar. 23	0700-2030	Ann's Hearst Castle	-	\$55
Fri., Mar. 25	0900-1600	Acres of the Orchids	-	\$25
Sat., Mar. 26	1000-1000	Tahoe Redeye	-	\$23
Thurs., Mar. 31	0830-1800	A Day in the Country	-	\$25
April 4	(TBA)	Puerto Vallarta	5	(TBA)
Sept. 1	(TBA)	Alaska	7	\$999plus

Please contact SHSN Tee Jones for more information concerning tour dates and times.



Ship's Serviceman 2nd Class James Virgil (left) of Northwest Region Special Services checks out snow skis and boots to Ensign Stephen Dos of Naval Hospital, Oakland Orthopedics Department. (Photo by Al Debbie Davis)

Sports standings for NWREG

Volleyball				Basketball			
TEAM	WIN	LOSS	PCT.	TEAM	WIN	LOSS	PCT.
Fil Ams	5	0	1.000	Untouchables	8	0	1.000
Bangers	6	1	.857	Lost Boys	7	1	.875
Med Repair	5	1	.833	PT	6	2	.750
Sods Busters	5	1	.833	OR	5	3	.625
OR	4	2	.666	Med Rads	4	4	.500
PMT School	4	3	.571	Supply	2	5	.286
OR School	2	4	.333	Spec Delivery	2	5	.286
Supply	2	4	.333	OR School	1	7	.125
PT	1	5	.167	Code Busters	0	8	.000
OB/GYN	1	5	.167				
MC	0	5	.000				
Code Busters	0	5	.000				

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Evening and Saturday appointments

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Consumer Dental Office
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Oakland, CA 94621
(415) 568-6272

Tracy Office
Sequoia Dental Care
3250 Tracy Blvd.
Tracy, CA 95376
(209) 836-4950

Daly City Office
Westlake Shopping Center
Peninsula Union Dental
283 Lake Merced Blvd.
Daly City, CA 94015
(415) 991-0300

Fremont Office
Crossroads Shopping Center
Aspen Dental Care
39411 Fremont Blvd.
Fremont, CA 94538
(415) 770-0393

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P.O. Box 10-3296
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HAVRE, MT 59501
(406) 265-9574 EOE

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Personnel Manager
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Odessa, TX 79762
(915) 368-7966, Collect

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NORWESTER

The Voice of the Naval Medical Command, Northwest Region

Volume III No. 4

February 26, 1988

Naval Hospital Oakland change of command set

by JO3 T.S. Begasse

On March 4, Captain Alice M. Martinson, MC, USN, will be relieved by Captain C. Gordon Strom, MC, USN, as the new Commanding Officer of Naval Hospital, Oakland, in a 10 A.M. ceremony. The first female assigned as a naval hospital commanding officer. Capt. Martinson's departure culminates a relationship with Naval Hospital, Oakland that began August 1, 1986. She heads to Washington, D.C., for her next assignment.

For Capt. Strom, his new assignment won't require him to move to a new state, establish new friends or even remember a new ZIP code. He will only need to find his new parking place—just down the road from his old one. As the Naval Medical Command, Northwest Region's Deputy Commander/Chief of Staff since November 1986 matched with his 14-year "tenure" at Naval Hospital, Oakland beginning in January 1972, Capt. Strom will rejoin the command as no stranger.

Capt. Martinson's accomplishments as Naval Hospital, Oakland commanding officer are impressive. She was instrumental in the hospital receiving a three-year re-accreditation from the Joint Commission Accreditation of Hospitals.

Residency Review Committee surveys of seven of the hospital's 14 residency programs were conducted with anticipated success, ensuring the hospital's continual ability to provide excellent training.

Through Capt. Martinson's research and coordination, a major military construction project will take place in the hospital. The project will upgrade the hospital's fire and safety standards—with no disruptions to its mission.

In an effort to improve morale of the enlisted members of her command, she committed resources to upgrade the bachelor enlisted quarters (BEQ). This resulted in the first successful completion of a Management, Assistance, Inspection Team visit in nine years, and more importantly it left a positive mark on the sailors residing there.

Especially noteworthy is the captain's vital role in the research, development, implementation and augmentation of the first U.S. Navy hospital ship since the Vietnam era—USNS Mercy (T-AH 19).

The floating hospital departed on her maiden voyage February 27, 1987, a five-month training and humanitarian mission to the Republic of the Philippines and South Pacific. While deployed, a quad-service staff, along with 65 medical personnel from the Armed Forces of the Philippines, provided medi-

cal, surgical and dental care to more than 65,000 indigent patients. The ship's presence in the fleet added significantly to the Navy's contingency readiness posture in the Medical Department and Capt. Martinson successfully faced the challenges in staffing, training and quality health care required prior to the ship's activation.

Prior to assuming command of Naval Hospital, Oakland, Capt. Martinson served tours as Commanding Officer of both Naval Hospitals, Philadelphia, Pa., and Pensacola, Fla.

Capt. Martinson is an orthopedic surgeon. She is a Diplomate of the American Board of Orthopedic Surgery, and is a member of the American Academy of Orthopedic Surgeons, Alpha Omega Alpha and the World Federation of Hemophilia. Topping her long list of impressive credentials is her special interest in reconstructive surgery in hemophilia. She also has extensive consulting experience nationally and internationally.

Among Capt. Martinson's assignments, she served at Naval Regional Medical Center, Long Beach as the Chief of Orthopedic Services and, in 1978, joined the Armed Forces Institute of Pathology as clinical consultant to the Bone and Joint Branch. She was Assistant Chief of the Orthopedics Department for



Capt. C.G. Strom



Capt. A.M. Martinson

Residency Training at the National Naval Medical Center in Bethesda, Md., from 1980 to 1981. Subsequently, she was transferred to the Naval Regional Medical Center, Great Lakes, Ill., where she served as the Director of Clinical Services—the first female named as a Director of Clinical Services.

Capt. Martinson's strength and accomplishments as a naval officer have not gone without notice. She wears the National Defense Service, Humanitarian Service, Meritorious Service (gold star), and the Legion of Merit Medals.

Her dedicated work epitomizes the backbone of Navy Medicine to-

day and her determination is symbolic of the men and women that comprise today's Navy.

Her goals of excellence will echo in the halls of Naval Hospital, Oakland as she steps forward on her challenging path in Washington.

Prior to assuming his second-in-command position at GEOCOM, Capt. Strom quietly earned an outstanding reputation as a surgeon, leader and proficient teacher of otolaryngology (ear/nose/throat or ENT), and head and neck surgery).

Capt. Strom's impact while as-

Continued on page 2



Rear Admirals James G. Roberts (right), Force Medical Officer for Commander, Naval Reserve Force, and James A. Austin, Assistant Force Medical Officer, West Coast, talk about "one-Navy" concepts to be presented during first joint region reserve medical conference held on the west coast.

First joint region reserve conference held

by JOC M.D. McGougan

Members of the Naval Reserve Nurse Corps and Medical Service Corps may have an opportunity for the first time to be considered for promotion to flag rank.

Rear Admiral James G. Roberts, Force Medical Officer for Commander, Naval Reserve Force in New Orleans announced the proposal during the first joint region "Reserve Medical and Fleet Hospital Support Conference" held on the west coast.

Rear Adm. Roberts disclosed the promotion proposal during the keynote address of the conference, held in San Francisco Feb. 5-7. The conference was co-hosted by the Naval Medical Command's Northwest and Southwest Regions' reserve units along with their active duty counterparts.

The Surgeon General of the Navy and the Director of Naval Reserve have both signed an endorsement to create the flag rank promotions. The endorsement has been forwarded to Naval Military Personnel Command to work out the details, Rear Adm. Roberts said.

The inaugural conference was attended by 180 officers and enlisted leaders representing reserve and active duty units located throughout the 15-state area covered by the Naval Medical Command's combined Northwest and Southwest Regions.

More than 2,600 physicians, dentists, nurses, hospital corpsmen and dental technicians are affiliated with Naval Reserve units in the two regions. There are nearly 16,000 Naval Reserve medical personnel within the eight geographic U.S. naval medical regions.

Other featured speakers at the conference included Rear Admirals Joseph S. Cassells, Commander, Naval Medical Command, Washington, D.C.; James A. Austin, Assistant Force Medical Officer, West Coast, for Commander, Naval Reserve Force; David M. Lichtman and H. James T. Sears, Commanders, Naval Medical Command, Northwest and Southwest Regions respectively; and Vincent J. Anzilotti, Commander, Naval Reserve Readiness Command 20 in San Francisco.

Presentations were also given by representatives from the Office of the Chief of Naval Operations and

Naval Medical Command in Washington, D.C., the Commander, Naval Surface Reserve Force and units throughout the two regions on issues of interest to officers and enlisted personnel. These included panel discussions and "question and answer" workshops.

New 'NEDOC' program

Rear Adm. Roberts introduced a new program called Naval Expanded Drill Opportunity Clinical, known as "NEDOC."

"This pilot program will be opened up for a limited number of physicians and nurses to get up to 60 additional pay drills a year for mutual support in clinical areas," Rear Adm. Roberts explained.

"NEDOC will enable physicians and nurses to step in to fill various positions at medical facilities when active duty staff members must leave on surgical teams, rapidly deployable medical force, hospital ship and fleet hospital support operations," added Master Chief Hospital Corpsman Harry Buckles, who is on the staff of the Director of Health Ser-

Continued on page 5

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HMC William O'Daniel (left) takes notes during "Admiral's call."

NWREG Commander relates viewpoints

by JOC Mike McGougan

In the midst of his turnover with Capt. T.F. Levandowski as he prepared to assume the duties of Commander, Naval Medical Command, Northwest Region, Rear Admiral David M. Lichtman received a person-to-person telephone call from Arizona.

The caller, an orthopedic surgeon like Rear Adm. Lichtman, wanted advice before proceeding with difficult surgery on the wrist of a civilian patient.

Rear Adm. Lichtman interacts often with his civilian counterparts as well as Navy colleagues. A skilled specialist in surgery of the hand and the wrist, he has a reputation that is well-known among civilian as well as military orthopedic surgeons.

Performs historic surgery

In 1982 in a historic operation, he restored the use of a hand of a Navy man who had lost his thumb in an accident by successfully grafting a toe to replace the missing digit. Last October, a textbook he edited entitled "The Wrist and Its Disorders" was published.

"I love to practice medicine, I love to teach medicine, do research and go around to lectures and teaching conferences," Rear Adm. Lichtman said. "I like to get out with the public in my Navy uniform — I'm very proud of that."

"I'm looking forward to my management responsibilities as Commander of the Northwest Region because that's the reason I stayed in the Navy," the native of Brooklyn, N.Y., noted. "If all I wanted to do was to practice medicine without getting into leadership aspects, civilian medicine might have been just as attractive."

Rear Adm. Lichtman attended State University of New York, Downstate, College of Medicine, where he joined the Ensign 1915 Reserve Medical Officer Program in 1962. He spent his senior year of medical school on active duty in the Navy.

Wide range of experience

As a youngster, Rear Adm. Lichtman grew up in Little Rock, Ark., where his father was stationed as an Army physician during World War II. After the war, he returned to the East Coast to graduate from high school in Brooklyn and then attend Tufts University in Massachusetts where he won a varsity letter in wrestling while majoring in chemistry and biology.

The new Northwest Region Commander brings a wide range of experience to the job, having practiced and taught Navy medicine at shore commands on both the east and west coasts and in the air and at sea. His last assignment was Director of Surgical Services at Naval Hospital, Bethesda, Md.

"It's great to be back in Oakland — I feel like the native returning," the Admiral commented. "It is a family affair — we feel especially good about coming back. We spent three separate tours for about 11 years here. My children grew up in the region."

Rear Adm. Lichtman's wife, Frances, or "Frankie" as she is known by friends, is also from the Brooklyn-Long Island area of New York. The Lichtmans have a son, James or "Jamie," and a daughter, Elizabeth or "Betsy."

"Jamie graduated from high school here and he wanted to come back," the Admiral related. "He is enrolled at Stanford Law School. Betsy attends the University of Oregon."

Ideal environment

The Admiral terms the Northwest Region, with its impressive facilities and dedicated health care providers, "an ideal environment for Navy medicine because we are meeting the needs of a good mix of active duty and retired people."

"We have a lot of neat Navy activities in the Northwest Region," noted Rear Adm. Lichtman, a veteran of sea duty

Continued on page 6

Dependents dental program successful

The Active Duty Dependents Dental Program has exceeded expected enrollment levels, according to DoD officials. In addition, more than 75 percent of all eligible dental care providers are participating in the program—more than anticipated.

As of Aug. 1, 1987, when benefits under the program began, more than 798,000 active duty service members had their families enrolled in the plan. The figure represents 86 percent of all active duty members of the uniformed services with eligible dependents.

The Navy showed the highest percentage of enrollment of eligible dependents—95 percent. The Army reported 85 percent enrollment; the Marines, 82 percent; the Air Force, 81 percent; and the Coast Guard, 75 percent.

Delta Dental Plan of California, the contractor administering the program, has sent lists of participating dentists to most military dental and medical facilities, personnel support offices, family service centers and health benefits advisers at military hospitals and

clinics.

Participating dentists are those who agree to accept the dental plan's allowable charges for covered services, plus the patient's cost share, as their full fee. They also file the claim with Delta Dental for active duty family members.

Protect athletes' teeth

According to the American Dental Association, faceguards and mouth protectors prevent 20,000 injuries every year in high school and college football alone. More injuries could be prevented if mouthguards were worn in other sports. Mouth protectors not only lower the incidence and severity of injuries to the teeth and mouth during athletic training and competition, but also

act as buffers against more serious injuries such as concussions, jaw fractures and injuries to the neck.

Although mouthguards are more important for contact sports, they are also a good idea for sports like skateboarding and racquetball. Even in a sport like gymnastics, sudden falls and accidental collisions are possible, so mouthguards are a good idea.

Accurate service records aid CPO advancement

Becoming a chief petty officer is a major milestone in an enlisted person's career. Even with high test scores and good evaluations, an incomplete or inaccurate record can delay promotion to chief. It's important to know exactly what's in your record, as well as how to make necessary changes.

The E-8/E-9 Board will meet from March 7 to April 15. The E-7 Board will meet from June 6 to July 15. Now is the time for E-6's who took the January chief's test to be reviewing their records.

There are several ways to get a copy of your microfiche record. If

you're in the Washington, D.C. area, call ahead to (202) 694-2858 and place an order for your record. You may have a one-hour wait if you haven't called ahead.

You can request a copy of your record by writing to:

Commander

Naval Military Personnel

Command, Code NMPC-312

Washington, D.C. 20379-5312

Include your full name, social security number, return address and signature. Be advised, it will take eight weeks to process your request.

You can also authorize someone to pick up your microfiche. The

person must have a signed letter from you including your full name and social security number and his/her name and social security number.

If you want to send record information to a selection board, it must reach the board before its convening date.

Be aware that you must pay the cost of mailing the package. Under BUPERS Notice 1418 dated Sept. 29 or Nov. 13, 1987, if you use franked or unfranked government envelopes to correspond with a board, your package will be "returned to sender."

Visiting cruiser offers weekend tours

The Navy guided-missile cruiser, USS Valley Forge (CG 50), is scheduled to visit San Francisco February 26-29 and will be open to the public at pier 45 from 10 a.m. to 4 p.m., Saturday and Sunday, Feb. 27 and 28.

The ship, commissioned in December 1985, is an AEGIS guided-missile cruiser that protects U.S.

Navy vessels from enemy attack by air, ship or submarine. USS Valley Forge combines computer technology, sophisticated radar and sonar systems, and advanced weapons systems to protect a large group of ships.

The Navy plans to place a cruiser like the Valley Forge in each fleet battle group. With a radar system

that sees in all directions simultaneously and a sophisticated sonar, Valley Forge can detect other vessels at great distances and at the same time deal with enemy aircraft, missiles, ships and submarines.

The ship carries a crew of 33 officers and 342 enlisted personnel under the command of Captain T.C. Lockhardt.

Naval Hospital Oakland change of command set

Continued from front page

signed to the hospital is perhaps even more obvious today. He took pride in teaching and directly contributed to the development of physicians who are now practicing

and teaching the otolaryngology specialty in naval hospitals worldwide. In fact, 60 percent of these surgeons are products of residency training at Oakland during his assignment.

Of special interest is a program he helped initiate in 1974 to assist the Phoenix District Indian Health Service in the treatment of a large number of Indians with ear diseases. He, along with other members from the Otolaryngology Department, regularly conducted clinics at Indian tribe reservations in Arizona, Nevada and Utah. The results were beneficial to the Indians and to the hospital because in every surgical case brought to the hospital, the staff learned and then applied their new knowledge to the military community.

He traveled to Budapest, Hungary in 1981 to deliver a presentation on oral cancer to the 12th World Congress of Otorhinolaryngology. As a leading authority in his specialty, he served as otolaryngology consultant to the Surgeon General from 1981 through 1986 and is associate clinical professor at the University of California School of Medicine in San Francisco.

As Chief of Staff/Deputy Commander of the Northwest Region, Capt. Strom has been involved in significant contingency projects, such as USNS Mercy, and in successfully completing a variety of health care issues at the different

medical treatment facilities that enhance the environment for patients and professionals alike.

Commanding Officer of Naval Hospital, Oakland is responsible for overseeing all medical activities associated with the thriving nine-story medical treatment facility. The hospital provides care to patients from the local community and those on a referral basis from branch clinics encompassing a 10,000-square-mile area of northern California and western Nevada. Additionally, fleet support is satisfied daily as the hospital treats crewmembers of ships homeported in the San Francisco Bay area.

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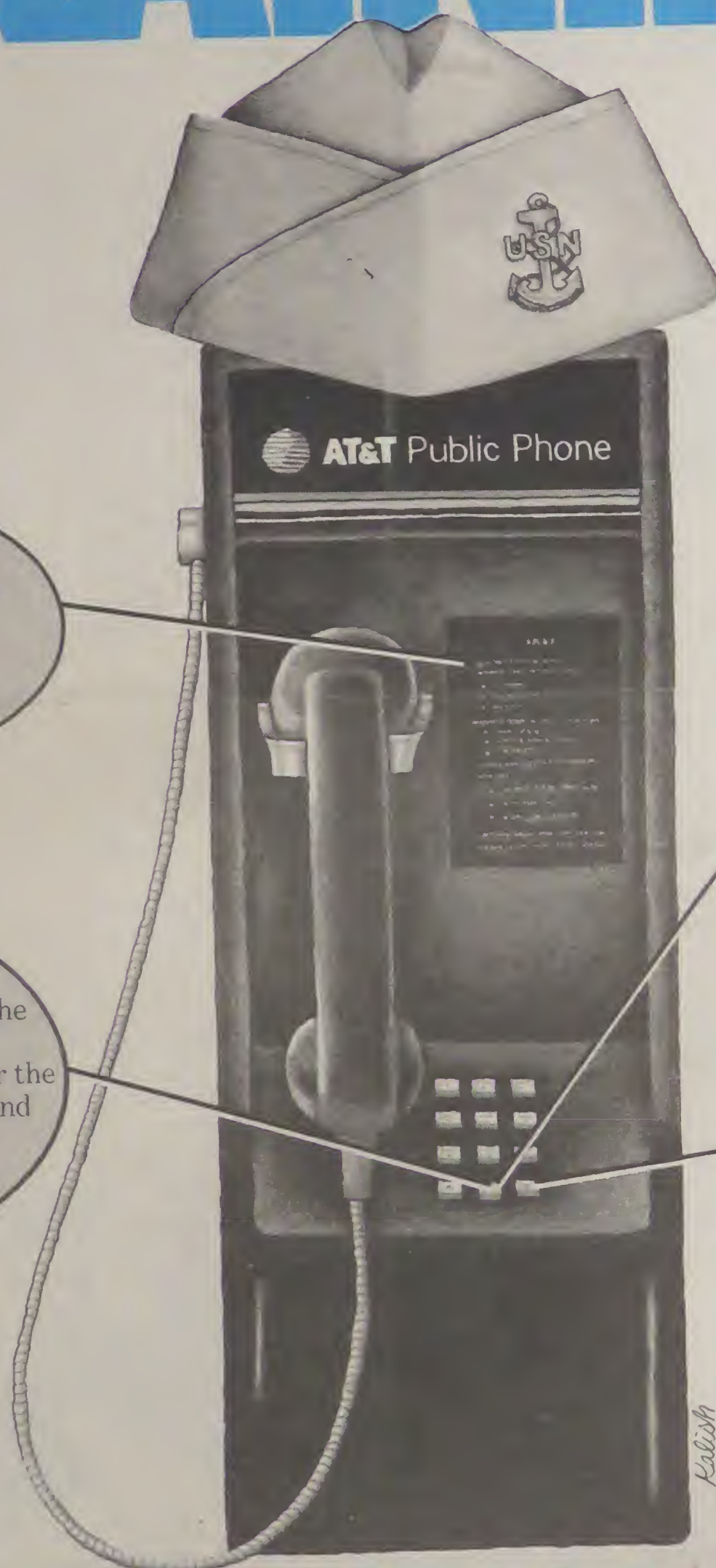
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The right choice.

Seagoing dental deployment hailed

by JO1 Dan Guilam

Winning a battle today requires an array of sophisticated military hardware that displays awesome firepower and computerized precision.

A piece of equipment or machinery, however, is only as good as the person who operates it. For example, the excruciating pain associated with a simple case of toothache can interfere with the sailor's ability to perform, thus jeopardizing the ship's overall mission.

And in many cases, dental problems seem to be a common "enemy" on the high seas for obvious reasons. Many smaller ships in the Navy don't have a dental department, much less a "resident" dentist.

Hence, the concept of a mobile portable dental unit was recently put to a test on an experimental basis for ships deployed with Battle Group Sierra in the Indian Ocean and Persian Gulf.

"The concept has been tried before but only on a limited level," said Navy dentist, Lieutenant Commander Thomas Hawkins. "The

portable unit was then used mainly for annual dental screening. This is the first time that a portable unit has ever been moved from ship-to-ship to perform actual treatment under way."

Dr. Hawkins and Dentalman Dean Mangum, both of the Naval Branch Dental Clinic, San Francisco, volunteered to deploy with the mobile unit and operated from the replenishment oiler USS Kansas City (AOR-3) as their home base. They hopped from one ship to another via helicopter, tagging along with them the portable dental unit. The rig weighed about 700 pounds and consisted of a collapsible dental chair, air compressor unit and a variety of dental supplies. It was a success!

The low dental readiness of two ships tasked to deploy with Battle Group Sierra late last summer on short notice further illustrated the need for such a portable dental unit. And the fact that there were only two dentists available to cover the needs of more than 4,000 personnel comprising the battle

readiness but that's understandable," continued Dr. Hawkins. "When a small ship pulls into port, the shore-based dental clinic tries to provide all the dental care it can to crewmembers. However, a ship needs so many things after a major deployment, making it difficult to send guys away. Sometimes, transportation is a problem and, in some instances, the dental clinic is far from docking facility. So, it's a position that requires a lot of time to keep the fleet dental ready."

Dr. Hawkins and his assistant, DN Mangum, worked long hours to increase the battle group's dental readiness, taking only few breaks in between appointments despite the sweltering heat. Their workday began as early as 7:30 in the morning and lasted 'til 8 at night, Monday through Saturday. In fact, during a 10-day stint on one ship, they saw 98 patients, filled 177 teeth and extracted 29—an accomplishment that normally takes a month for a dental clinic ashore to do.

"I didn't mind putting in long hours," said Dr. Hawkins. "We weren't going anywhere, and everyone else was working just as hard. If we slow down our work and stay too long in one ship, then we would not have an access to other ships."

DN Mangum shared his views, adding, "I was a lot busier there, doing a lot of things from taking care of the paper work to assisting Doctor Hawkins. It was a fun and a learning experience as well. It made the six-month deployment go fast."

In a short time, the dental readiness of the new Aegis missile cruiser USS Bunker Hill (CG-52) soared from 60 percent to 90 percent as a result of the mobile dental effort. So impressed was Captain Phil Quast, the ship's commanding officer, that he even encouraged other commanders in the battle group to make the program available to their crewmembers. He was quoted as saying in message traffic, "You shouldn't be a commander if you don't take advantage of this service."

Soon requests from other ships for the travelling dentists' care came, adding to their challenge. The volume of requests grew even bigger when Battle Group Sierra joined Battle Group Echo in the Indian Ocean. The latter was centered on the aircraft carrier USS Ranger (CV-61) with a complement of between 16 and 20 ships.

Meanwhile, the Missouri, with its dental facility and dentist, took a position further up in the Strait of Hormuz to protect U.S. reflagged commercial tankers from Iranian attacks. This move left the mobile dental team and the dentist on the guided-missile cruiser USS Long Beach (CGN-9) without a choice but to provide dental care for all ships in the area.

The Ranger, on the other hand, with four dentists on board steamed too far to share the burden. And the two CH-46 helicopters from the replenishment oilers USS Wichita (AOR-1) and Kansas City could only transport the portable equipment or patients within the visual range of 80 miles. The choppers were restricted to daytime flight operations.

"The battle group situation presented the mobile team with an opportunity to go where the need was," said Dr. Hawkins. "We



Dentalman Dean Mangum gets the portable dental unit ready to accommodate patients aboard the missile cruiser USS Bunker Hill.

provided dental care not only to our battle group but to any U.S. Navy ships operating in the area that needed dental support."

"It was a challenge trying to keep up with the hectic pace," said DN Mangum. "We had a lot of help from the independent duty hospital corpsmen. We worked with them most of the time because we were there by ourselves."

A systematic dental appointment schedule set up by the corpsmen made the team's visit from ship-to-ship move right along. Many corpsmen even screened the patients to make sure the requested service was needed. Medical officers from the bigger ships also pitched in, embarking on "small boys" in advance to screen patients and prioritize the treatment.

"What amazed me was we found the ship's barber shop on most ships a perfect spot to ply our trade," said Dr. Hawkins. "The space is usually located in an area that's fairly stable, where there's good lighting and reliable sink. We also happened to have a portable chair that fit right over the bolts of the barber's chair. It was an ideal fit as if someone had planned for it."

The fair weather also contributed to the success of the team's mission. Not a single day was spent brooding on what the team couldn't do because of rough seas. It was a different story though during critical operations when the battle group had to be on full readiness alert. In that case, Dr. Hawkins

and DN Mangum had to close shop and assume a different role as members of the ship's Emergency Medical Team, such as during the well-publicized U.S. attack on the Iranian oil platform off the coast of Iran last fall. They happened to be on a ship that took part in the operation, aboard the destroyer USS Leftwich (DD-984).

"The tense situation didn't scare me," said Dr. Hawkins. "I had a chance to really get a good bird's eye view of the whole operation there, having been flown to many ships, having seen their capabilities and seeing how sailors execute, and believe me, they execute well. I didn't feel there was a problem, particularly knowing the Bunker Hill and Missouri were near us. These ships have awesome firepower. You can sleep well at night."

For DN Mangum, it was scary at first, but he got used to it after a while. "I felt like the Iranians might try to attack us any time, and I didn't know what was going to happen," he said.

What buoyed the team's spirit to keep on going and do a super job, according to Dr. Hawkins, was the readiness and dedication of the sailors who worked long hours in fulfillment of the battle group's mission.

"They gave one hundred percent," Dr. Hawkins said. "They put their lives on the line. It gave me sort of a thrill, in some small way, to be able to serve them."



Dr. Thomas Hawkins, now stationed at the Navy Branch Dental Clinic, NAS Moffett Field, discusses a surgical procedure with his assistant, DN Constance Fullmore, while treating a patient.

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group compounded the problem. The task force, which was centered on the battleship USS Missouri (BB-63), had between six to nine ships at a given time.

Dental Readiness is derived from what Dr. Hawkins referred to as Classes I and II patients, a condition of no serious problems such as gum infections or abscess that would prevent patients from doing their jobs effectively.

"If you're Class IV, you haven't had an annual dental checkup so we don't know what you have," said Dr. Hawkins. "If you're Class III, you have some pretty severe problems that need immediate attention."

"Some ships in the battle group were not even average in dental

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OR Techs' Graduation Scheduled

A graduation ceremony is scheduled today for 13 students of Operating Room Technician School, Class 87005. The ceremony is to be held in the clinical assembly of the Naval Hospital, Oakland, at 10 a.m.

The graduates and their duty stations are:

HM3 B. Ardila	Third FSSG, Okinawa, Japan	HA J. McCuller	Naval Hospital, Philadelphia
HA W. Barney	Naval Hospital, Jacksonville, Fl.	HA S. Poulos	Naval Hospital, Portsmouth, Va.
HM3 K. Dietrich	Naval Hospital, Okinawa	HA S. Ramirez	Naval Hospital, Oakland
HN W. Elkins	Second FSSG, Camp Lejeune, N.C.	HM3 K. Stevenson	Third FSSG, Okinawa
HN D. Frazier	Second FSSG, Camp Lejeune	HM3 J. Zitelli	Naval Hospital, Great Lakes
HA C. Gaumont	Naval Hospital, Philadelphia, Pa.		
HA R. Hamilton	Naval Hospital, Great Lakes, Ill.		
HA D. Holmer	Third FSSG, Okinawa		

The course covered 10 weeks of didactic instruction on aseptic technique and 16 weeks of clinical experience in the different surgical services.

Reserve conference

Continued from front page

ices for Commander, Naval Reserve force.

Rear Adm. Roberts stressed the importance of training — a subject that came up most often during the conference — for "the most junior hospital corpsman and dental technician through to the most senior medical and dental department officers."

Growth in ranks projected

"By 1992, we expect to grow to about 23,000 reserve medical personnel on board," Rear Adm. Roberts declared. "Reservists will make up 4 percent of the overall Navy Medical Department assets."

"We have seen significant progress in 1987," Rear Adm. Roberts reported. "We now have seven fleet hospitals up and running with complete structures in place including our personnel leadership. We participated in major Marine Corps exercises at Twenty-Nine Palms and Camp Lejeune, providing simulated

casualties, evaluators and actual support. We also were in the NATO exercises Northern Wedding and Forager."

Referring to training for doctors, Rear Adm. Austin remarked: "The (reserve) doctors don't like to admit that the only reason we exist is to prepare to go to war. I have young doctors telling me 'my job is to try to prevent casualties.' Sure, we can prevent casualties — just surrender. Our responsibility is to treat the consequences of war and prepare to do it right."

"We never intended to make you a better doctor in the reserves," Rear Adm. Austin told his conference audience, "but what we intended was to make you a naval officer. What we intended to try to do was to give you the responsibility for putting together a team because when we go to war you can't function out there by yourself. You have responsibility to other people."

Another topic discussed often

during the conference was credentialing: the process of verifying physicians', dentists' and nurse practitioners' credentials, medical/dental education attained, state licenses held and professional standing that qualifies health care providers before granting them the privilege to practice in specific medical treatment facilities.

"We recognize the need for a better credentialing process," Rear Adm. Roberts stated. "Alternative ways to manage credentialing are being explored."

Quality assurance in providing health care delivery was also a conference issue that drew significant attention.

"The work in the area of quality assurance is far from over, but we have made the transition from night to early day," Rear Adm. Cassells related. "It is time to accept the challenge of bringing quality assurance to the same level in the reserve medical force as the active side."

One-Navy concept practiced

"This conference provides one tangible example of one of the things we spend a lot of time talking about throughout the Navy but very often don't see in actual practice — that is the one-Navy concept."

"Given enough advance notice, the reservists have been able to come through with just about any kind of support we (active medical department) have needed," Rear Adm. Cassells continued.

"We have amply demonstrated in numerous activities and projects that the reserve components of the Navy Medical Department have been involved in that we can work shoulder-to-shoulder on any tasking

from concept to completion — and we can achieve success."

"We have been successful because we have been able, better than in the past, to communicate directly and communicate effectively."

"We consistently put into practice the Naval Medical Command's motto: 'Charlie Gulf One - we are standing by, ready to assist,'" Rear Adm. Roberts emphasized to the conference participants.

"The conference was well-planned, well-orchestrated and well-attended," Rear Adm. Austin concluded. "I'm certain we want to continue these conferences on a regular basis. They can only help us communicate better and enhance growth as we strive to better carry out our important reserve medical force mission of mutual support in the active medical treatment facility scenario, whether in wartime or peacetime."

NAVHOSP Oak Harbor CO honored



Captain McDaniel beams with pride as he displays the Meritorious Service Medal citation while flanked by his wife, Shirley (right), and daughter, Tara.

Captain William McDaniel, Commanding Officer of Naval Hospital, Oak Harbor, recently received the Navy Meritorious Service Medal during a surprise ceremony officiated by Captain David Williams, Commanding Officer of Naval Air Station, Whidbey Island.

The citation, signed for the President by Admiral C.A.H. Trost, Chief of Naval Operations, reads in part, "Captain McDaniel's exceptional leadership and superb management transformed the hospital to one of unprecedented vitality. He personally introduced exciting new programs in the area of

patient information flow, allowing more accurate and expedient communication with wives' clubs, ombudsmen and retired organizations." Capt. McDaniel was also praised for his efforts to increase medical support for operational fleet units and other beneficiaries.

Upon receiving the award, Capt. McDaniel told the assembled staff, "This medal reflects the positive pride and professional efforts of each of you working together to provide the best and most courteous health care to all of our beneficiaries."



Lieutenant Mike Sashin (far right), Northwest Region Contingency Operations Officer, gestures as he answers a question during a panel discussion at the reserve medical conference.

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NWREG Commander relates...

Continued from Page 2

aboard the carriers USS Saratoga and USS Independence. "We have the carriers and surface battle groups, we have the submarines, and the air wings. I don't have to emphasize that the number one priority is the operating forces."

"With all that we have here in the Northwest Region, it makes for a very balanced medical practice," the Admiral continued.

Rear Adm. Lichtman said he wants to continue to practice medicine — he has already set aside time at Naval Hospital, Oakland in his weekly schedule — "because our health care providers don't want my opinion if I'm not doing it. You can't teach it (good Navy medicine) unless you're actually involved in doing it; medical audiences are far too sophisticated. Staying involved is good for me and it's good for the Navy; and I hope it will be great for the region."

Administrator's role

When asked how he felt about

being on the "other side" (administrative) of Navy medicine, the Admiral responded: "I don't actually feel that I'm on one side or the other. My experience does make me understand that administrators and commanding officers never treated a patient — doctors, ward nurses and corpsmen take care of the patients."

"The administrators' and commanding officers' job is just to create an environment so the doctors and other health care providers can practice the best medicine possible. I feel that my background as a clinician permits me an opportunity to bridge gaps that may exist between the administrators and health care providers; the end result will be a better environment for everyone, especially the patient."

The Admiral also feels his previous tours at Naval Hospital, Oakland as a clinician give him the advantage of being familiar with regional as well as local conditions and issues.

"We used to make regular trips

to other facilities in the region to lend support to their staffs," Rear Adm. Lichtman pointed out. "I was also the detailer for orthopedics and always cognizant of the people assigned throughout the region. As Director of Surgical Services, I was responsible for much of the surgical staffing in region facilities."

"Of course, when you get that involved, you get to know by osmosis what is going on in the other departments of the various facilities in the region."

What about the quality of the people in the region?

Best people available

"I don't think you can say anything different about the people in this region than you would about the people Navywide," the Admiral said. "The people of the Northwest Region in 1988 are just as good as the people in the Southwest Region — Navy people are Navy people wherever you go; it means we have the best people available."

"We're lucky, some of the best people available in the Navy are here in the Northwest Region right now. We should take advantage of that."

Rear Adm. Lichtman declared that the next two to three years are going to be "a very exciting time in Navy medicine" with the new initiatives that are "coming into play now," such as the CHAMPUS Reform Initiative pilot program the Department of Defense recently announced would begin late this summer.

"The health care system in America is so vastly complex," stated the Northwest Region Commander. "What we have to do is find out what are the best and most economical resources to suit our purposes and make sure we write

good contracts, to make the most with the people we have and use their talents most efficiently. We have to educate our administrators so they can write good contracts."

"In the past, many of the CHAMPUS initiatives we have gotten into have not always been completely successful from the financial standpoint," Rear Adm. Lichtman continued.

Quality, innovative leadership needed

The Admiral stressed the need for quality leadership among not only administrators but all senior health care providers.

"Be an innovator," he urged. "Make the best choices and come up with the best care possible. Nobody is saying to us at this time that you have to do it one specific way, because sometimes that one way is not the best way. Perhaps it doesn't even have to be done the Navy way."

As an example, the Admiral said the Northwest Region might arrange for the contracting out of an entire wing of a hospital to provide care for Navy people. He explained that Vice Admiral James A. Zimble, Surgeon General of the Navy, and Rear Admiral Joseph S. Cassells, Commander Naval Medical Command, are working on programs to get additional resources to better support the region.

"Admiral Zimble is a free speaker and fresh thinker when it comes to innovative ideas for health care delivery," Rear Adm. Lichtman related. "He has the complete trust of the Navy leadership and the Department of Defense."

Rear Adm. Lichtman emphasized that the ultimate goal, in the "long run," is for the health care providers of the Northwest Region to provide care to our own Navy people with our own medical personnel in our own facilities.

Physicians hold keys

"We feel we would give much better care to our people if we could do it entirely in our own facilities with our own Navy staffs," Rear Adm. Lichtman asserted.

The Northwest Region Commander said the key to success in Navy medicine is in the hands of physicians.

"Without attracting and retaining good physicians all health care initiatives in the Navy are destined for failure — we can't ignore that fact," he said.

"We want to attract the best

physicians available — we want the top of the barrel," Rear Adm. Lichtman continued. "We only have a limited amount of money we can pay them, so to attract them and retain them we have to provide the best possible environment in which to practice medicine."

"Quality assurance is one of the most important aspects of care and that may be hampered if doctors must spend too much time on paperwork. Physicians need administrative people to help them. The health care delivery personnel have to understand that our administrators are working for them."

Everyone's attitude important

Rear Adm. Lichtman sees the process of bringing about the necessary changes and then creating the proper environment for Navy medicine as a slow one, one in which he expects to play an integral role in "bridging gaps" and helping all health care providers in the Northwest Region understand that solutions to problems "can't come overnight."

He also sees attitude as an important aspect of this transition process in Navy medicine.

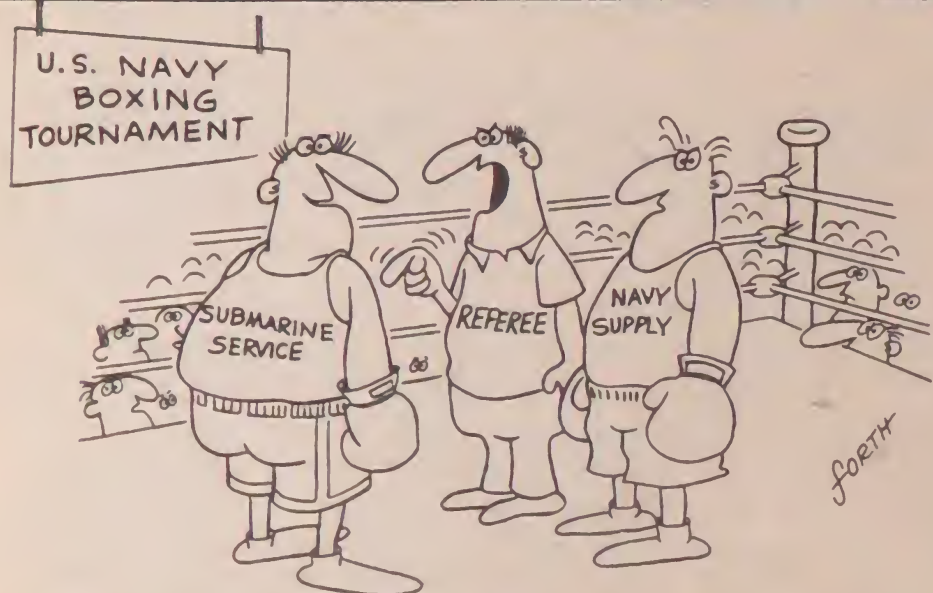
"People have to believe we are making the proper changes. In the meantime, everybody still has to give our beneficiaries the very best medical care that's available until the problems are worked out."

"That's where attitude is important, because if our health care providers believe that we are working with them and for them to create this much-improved environment, then I think their attitude will be very positive. This positive attitude will carry us over until we arrive where we want to be."

"Patients are our primary concern — they benefit from all the changes. Obviously if the patients perceive that they are being treated better, then we are being successful in delivering Navy medicine."

"When all members of the health care delivery team — doctors, nurses and corpsmen — see patients getting better because of progress in the system, it is certain, like job satisfaction in any field, to cause the participants to feel better about themselves and their achievement."

"That's the bottom line, when the patients and all members of the health care delivery team consistently feel good about the service performed."



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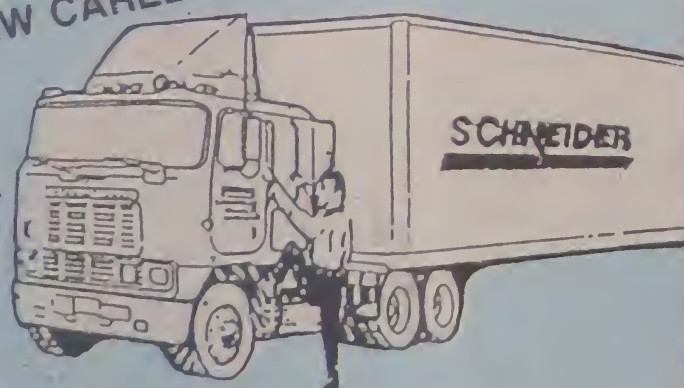
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NORWESTER

Volume III No. 5

March 11, 1988

The Voice of the Naval Medical Command, Northwest Region

Oak Harbor diver Sailor of the Year

by JO1 Dan Guiam

Editor's Note: A luncheon in honor of AT1 Lawrence Douglas and other nominees for the region's "Sailor of the Year" award is being held at the Northwest Region Officers' Club in Oakland today at 11 a.m.)

A humble person like Lawrence Douglas may feel quite uneasy, if not overly flattered, about being labeled "a man for all seasons," but that's exactly what his superiors and contemporaries think of him. And so did members of the nominating committee when they selected the 34-year-old aviation electronics technician first class of Naval Hospital, Oak Harbor, Wash., as the 1987 "Sailor of the Year" for Naval Medical Command, Northwest Region.

"He is that rare type of individual who fits into all situations," said Captain J.W. McDaniel, the hospital's Commanding Officer. "He has served with distinction at sea, ashore,

under the sea and in the air. His career is strewn with accolades, from the Navy and Marine Corps Medal 'for heroism' to Letters of Commendation for achieving a score of 'outstanding' on the physical readiness test.

"Petty Officer Douglas is the 'Complete Petty Officer,'" added the captain.

"AT1 Douglas is 'complete petty officer' "

The 14-year-Navy veteran was chosen from a field of equally outstanding individuals representing the major commands in the region. Ironically, Petty Officer Douglas was the only non-medical nominee in the group consisting of hospital corpsmen and dental technicians.

"It clearly showed there was no prejudice or favoritism in the selec-



Naval Medical Command, Northwest Region Sailor of the Year, Aviation Electronics Technician 1st Class Lawrence Douglas, at his Oak Harbor home with his wife, Tamara, and daughter, Jessica. (Photo by JO2 George Hammond)

safety diver and senior naval aviation water survival training program instructor. His other tasks involve maintaining in optimum readiness the "Dilbert Dunker," parachute drag simulator, hoist simulator, dynamic ejection seat and a host of other related training devices. He also operates them.

"He has materially increased the

"Quality of job should reflect pride"

NAVHOSP Oakland Change of Command

Capt. Strom assumes helm

by JO3 T.S. Begasse

Captain Alice M. Martinson was awarded a gold star in lieu of her third Meritorious Service Medal and was designated an honorary member of the Pacific Fleet Surface Warfare community to highlight a ceremony March 4 in which she passed command of Naval Hospital, Oakland to Captain C. Gordon Strom.

Rear Admiral David M. Lichtman, Commander, Naval Medical Command, Northwest Region, presented the gold star on behalf of

President Ronald Reagan to Capt. Martinson for her superior performance of duty during the past 18 months as the first female commanding officer in the 46-year history of Naval Hospital, Oakland.

Vice Admiral George W. Davis Jr., Commander, Naval Surface Force, U.S. Pacific Fleet, honored guest speaker at the change of command, presented Capt. Martinson a plaque with surface warfare insignia designating her an honorary member of the seagoing community.



Vice Admiral George W. Davis Jr. (left), Commander, Naval Surface Force, U.S. Pacific Fleet, designates Captain Alice M. Martinson an honorary member of the surface warfare community.

(Photo by JOC Mike McGougan)

"Captain Martinson, your superb leadership, common sense and can do spirit in not only outfitting the hospital ship Mercy but its entire operation have been an inspiration to our surface force in the Pacific," Vice Adm. Davis said in his presentation of the honorary award.

"I first met Captain Martinson when we were outfitting the magnificent Mercy," Vice Adm. Davis recalled. "Many were saying that task could not be done. A few minutes conversation with Captain Martinson convinced me that not only could it be done, but that it would be done.

"I know at least 100 people from Naval Hospital, Oakland made the deployment on Mercy," Vice Adm. Davis continued. "They contributed to providing care and treatment to more than 65,000 patients, building a bridge between the American and Filipino people that will never fall.

"We are fortunate that we have a man in the Medical Corps of Captain Strom's credentials, of his ability, experience, accomplishment and professional reputation to be taking on the mantle of leadership here at the Naval Hospital in Oakland," Vice Adm. Davis noted.

Capt. Strom is well-known for the close working relationships he

continued on page 9

third in four years, Naval Hospital, Oak Harbor, produced another winner. The region's "cream of the crop" last year, HMI Gary Angell, came from the same command. Angell has since been selected HMC.

Petty Officer Douglas is assigned to the hospital's Aviation Physiology Training Department as

productivity of his department through more efficient operations and always deals with others from a position of respect," said Capt. McDaniel on AT1 Douglas' performance. "Not content with a '0730 to 1630' job, he can be found putting in extra hours of instruction with students and is always the first continued on page 9



Eagle coming

The tall ship Eagle, the U.S. Coast Guard Academy's training ship, will make a port call in San Francisco March 25-28. The 295-foot sailing bark will be berthed at Pier 45, and will be open for public visiting the following days and hours: Friday, March 25 — 2 to 8 p.m.; Saturday, March 26 — noon to 5 p.m.; Sunday, March 27 — noon to 8 p.m. Another Coast Guard ship, the 378-foot, high endurance cutter Midgett will also hold an open house at Pier 45 in conjunction with the Eagle's visit to the city.

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Comfort, Mercy undergo shipyard work

On December 1, 1987, Commander, Military Sealift Command accepted delivery of the Navy's second hospital ship, USNS Comfort (T-AH 20). Prior to transiting the Panama Canal en route to its per-

manent layberth in Baltimore, Md., Comfort will undergo a 60-day Post Delivery Availability.

Several major and minor modifications or additions to enhance combat casualty care will be conducted. Engineering propulsion plant problems have been identified on Comfort. Corrective action is coming, but a speed restriction could be possible until engineroom work is completed.

Meanwhile, USNS Mercy (T-AH 19) is undergoing a Post Shake-down Availability. Mercy will also be modified to match Comfort.

According to Rear Admiral Joseph S. Cassells, Commander, Naval Medical Command, Washington, D.C., scuttlebutt regarding imminent future missions for the hospital ships is only rumor. "Our continuing effort must be to train and keep the Full Operating Status (FOS) crews in a high level of readi-

ness should we be called upon," he said.

FOS crewmembers will be visiting the hospital ships for training. Organizationally, these ships and their medical treatment facilities are under Commander, Military Sealift Command. Because the operating crews are government-employed civilian mariners, and the cadre crews are a Military Sealift Command organization, these ships and crews operate under a different set of rules than found on most Navy ships. Once the rules are learned, the civilian/active duty mix can work extremely well.

"FOS crewmembers should view the assignment," said the admiral, "as an opportunity to train for work and participate in Navy Medicine's foremost role: combat casualty care for sailors and Marines."



Hospital ship Mercy arrives in Pearl Harbor, Hawaii after historic humanitarian cruise.

(Photo by JOC Mike McGougan)

Calif. tax laws affect servicemembers

California's income tax law was substantially changed this past year and some of those changes may affect military personnel, according to the California Franchise Tax Board (FTB).

Some good news is the requirement for filing a California tax return has not changed except for the income limits. If unmarried in 1987, you must file if your California adjusted gross income (AGI) was \$6,000 or more. If married at the end of the year, you must file if, together with your spouse, your California AGI was \$12,000 or more.

Persons who were full-year residents of California should file the California resident tax return. Most resident military personnel should file the new short form (540A). FTB officials said, "It's short on filing but long on advantages." For example, itemized deductions can be taken, and a new military tax credit is also available.

Individuals who were not residents for the full year should file the California nonresident form (540NR) — the form for nonresidents and part-year residents. FTB notes that if you are married and decide to file separate returns, each of you should file based on your own residency status: full-year residents would file the resident short Form 540A or the long Form 540; part-year residents or nonresidents should file Form 540NR.

The new laws may change your filing status. All taxpayers, except some active military personnel, must now use the same filing

status when filing a California return as they used on their federal return.

For military personnel:

- who filed a federal return using a filing status of single, head-of-household, qualifying widow(er) with dependent child or married filing a separate return must use the same filing status when filing a California return.

- who filed a federal return using the filing status of married filing a joint return have an option of using any other filing status for California purposes, providing they meet the qualification for that status. In this situation, figure your tax both ways to determine which filing status will minimize your California tax liability.

Another significant change for military filers provides for a new tax credit on military compensation. The old military income exclusion was replaced effective for 1987 tax year by a tax credit. The qualifications for the credit are the same as for the old exclusion. The credit is 4 percent of the military compensation up to a maximum credit of \$40.

The rules related to when nonmilitary income is taxable by California have not changed. In general, all nonmilitary income earned in California is subject to the state income tax. Residents of California are subject to the state income tax regardless of its source.

In addition, the rules for renter's credit did not change. To qualify for the renter's credit (which ranges from \$60 to \$137), you must meet the requirements on the 540A form or the 540 Schedule H. Both

are included in the 1987 California resident booklet.

According to FTB, if you were not a resident, but you are married and your spouse was a resident who did not live in military housing and is otherwise qualified, then your spouse may claim a renter's credit of \$68.50.

The following chart will help individuals determine whether their military income is subject to California income tax:

A) If you are a resident stationed in California, your military income is taxable by California.

B) If you are a resident stationed outside California, your military income is not taxable by California.

C) If you are not a resident stationed in California, your military income is not taxable by California.

For additional information about these and other changes to the California income tax laws, see the California Resident (540A and 540) Booklet or the California Nonresident (540NR) Booklet for part-year residents or nonresidents and California Form 1032, "Military Personnel Income Tax Liability." To receive these documents, write to: Franchise Tax Board, P.O. Box 942840, Sacramento, CA 94240-0070, ATTN: Tax Forms Request, or call: Sacramento Area and Outside California (Not Toll Free) (916) 369-0500.

Toll Free Northern California (800) 852-7050 (Area Codes 209, 408, 415, 707, 916).

Hospital Corps plans birthday ball

Fund-raising efforts for the 1988 Hospital Corps Birthday Ball, to be held in June, were successfully launched on Valentine's Day when the Naval Hospital, Oakland Recreation Committee sponsored a benefit champagne brunch at the Northwest Region Enlisted Club.

Five door prizes were drawn, with HM3 Diane Battle of Northwest Region Resources Department the lucky grand prize winner of a weekend away at a Bay Area bed and breakfast hotel.

Other prize winners and their

prizes were: HMC Shirley Seaman of Naval Hospital, Oakland Admin Support Department, pen and pencil set; HM2 Adam Carpenter of Northwest Region Plans and Operations Department, ice cream maker; and DN Vivian Vance of Naval Hospital, Oakland Dental Department, clock radio.

The Hospital Corps Birthday Ball Committee, with HMCS Harvey Wehry serving as chairman, is meeting regularly to make plans for the event. The committee is planning other fund-raising activities, ac-

cording to HMCS Wehry.

Committee members, their subcommittee responsibilities and extension phone numbers are as follows: Location/Menu, HM2 Monty Martinez/HM3 Connie Pfahl, 5210; Entertainment/Ceremony, HM3 Diane Battle, 6200-Ext. 56; Fund Raisers, HM2 Martin Carongcong, 5836.

Anyone desiring to serve on the committee or seeking information may contact any of the committee members at the extension phone numbers listed.

Chaplains Corner

by Lt. Cesar V. Buenaventura,
CHC, USNR

It is two years this month since the passing away of my father in Edmonton, Canada. But to somebody who knew my Dad and of his death, he was once again flesh and blood in San Diego, Calif., where I had a chance meeting with dad's friend and classmate.

The friend said that I not only look like my father, but I also talk like him and have his mannerisms. To me this confirms the findings of early childhood educators: children carry the presence of their parents wherever they go. No doubt, physical traits are inherited. Likewise, emotional/spiritual traits are infused from infancy during nurturing if

not earlier. . . from the mother's womb.

From the Judeo-Christian traditions, we also carry the presence of the Father. We were created after His image and likeness in love and forgiveness. Whenever we are loving and forgiving, we carry the Father's presence.

My dad is gone now, but he is still very much alive in my mind. I have many "memorabilia" of him but then I have only to look at myself in the mirror. Whenever somebody is loving and forgiving, we will always be reminded of the Father's presence. We have only to look at each other.

Organ donors needed

Every year, between 75 and 80 DoD patients receive new kidneys. Their operations are performed at Walter Reed Army Medical Center in Washington, D.C., and the Air Force's Wilford Hall Medical Center in San Antonio, Texas.

But at any time, 40 to 50 patients are waiting for an organ they need to save their lives.

Their chances of getting the organs will improve if more people fill out wallet-size uniform donor cards, which are legal documents under the Uniform Anatomical Gift Act.

DoD beneficiaries can fill out donor cards upon arrival at their first duty station, during regular physical examinations, at military unit meetings, at medical facilities and when they receive or renew their ID cards.

Your family members should know your decision, since they will be asked for permission to use the organs. No organs will be removed against their wishes.

By law, organs can only be removed after the donor is "brain

dead," meaning there is irreversible brain damage and the person is being kept alive by support systems. Usually, the donor is an accident victim with irreversible brain damage, but whose blood is still circulating and keeping the body alive.

NORWESTER

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Commander

Howard Thomas
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Healthful eating hints

Food choices are a part of every-day life.

You wake up and decide whether or not to skip breakfast. You have to take a client out to a business lunch and want to impress him or her at a new neighborhood restaurant. At your desk, you crave a quick snack to get you through the afternoon low energy blues. While watching prime-time television, you methodically munch on something crunchy, just to keep yourself awake.

Because we make so many food choices during the course of a day, it is easy to get into bad habits and forget just how important these choices can be for our future health.

In recognition of National Nutrition Month, The American Dietetic Association offers suggestions to

help you follow its theme: "Choose Good Nutrition for Today and Tomorrow." No longer does a healthful diet have to be thought of as bland and boring. In fact, with

need to pass up dessert. Seasonal fresh fruit and natural sorbets are regular tempting items on most luncheon menus. If you must give in to the temptation of a dessert,

National nutrition month

so many good foods available today, choosing nutritious foods that will lead you to a more healthful and happy future can be easy. The idea that you are in control and have the power to make positive food decisions that will help you look and feel better in the future is a challenge too great to pass up!

It can be too easy to skip breakfast at home because you are running behind schedule. Why not plan ahead the night before and pack a "breakfast to go," including fruit juice, a whole-wheat bagel, yogurt and a banana. You are certain to be thankful as you pass a fast food restaurant and see long lines of late risers waiting for breakfast.

At lunchtime, when inviting colleagues out to a fancy lunch, you can still enjoy "specialties of the house" without letting them go to your waist. Consider ordering dishes low in fat and cholesterol, such as fish or chicken, or moderate portions of beef. Most restaurants offer broiled or baked entrees and serve fresh, lightly-steamed, or raw vegetables. To keep the calories low, order salad dressing on the side so you can control how much actually goes on the salad. Add a rye or wheat roll to fill out the meal. No

split it with a friend.

During the afternoon hunger attack, snack smart. Stick to the unsalted nuts, plain crackers and low-fat vanilla yogurt or milk. Sip no-calorie seltzer water, 100% fruit juice, or a big glass of ice water with fresh lemon. It might be just enough to hold you over until dinner.

When the desire to munch hits while watching TV, go for the hot-air popcorn, but go easy on the butter and salt. Carrots and celery sticks, zucchini circles and green peppers provide an alternative for crunchy munching. When glued to the tube, do something with your hands to help keep your mind off food, such as balancing your check-book or flipping through a magazine.

Saying "yes" to good nutrition is easier than you think, and making the right choices will make you look and feel better. Because today's good nutrition is so important to tomorrow's good health, registered dietitians encourage you to "choose good nutrition for today and tomorrow" not only during National Nutrition Month, but during every month to come. It's never too late to start!



How much is ENOUGH?

Recommended NUTRIENTS
(daily for active people)

	AGE	FOOD ENERGY (calories)	PROTEIN (grams)	VITAMIN A (mcg)	VITAMIN C (mg)	THIAMINE (mg)	RIBOFLAVIN (mg)	IRON (mg)	CALCIUM (mg)	CHOLESTEROL (mg)
INFANT:	0-5	500-1100	5-22	420	35	0.3	0.4	8	300	10
	6-11	1000-1200	10-20	400	35	0.5	0.6	8	540	15
CHILD:	1-3	1300	23	420	45	0.7	0.8	9	800	15
	4-6	1700	30	400	45	0.9	1.0	11	800	10
	7-10	2400	34	700	45	1.2	1.4	18	800	10
MALE:	11-14	2700	45	1000	50	1.4	1.6	18	1200	18
	15-18	2800	56	1000	60	1.4	1.7	18	1200	18
	19-22	2900	56	1000	60	1.5	1.7	19	800	10
	23-50	2700	56	1000	60	1.4	1.6	18	800	10
	51+	2400	56	1000	60	1.2	1.4	16	800	10
FEMALE:	11-14	2200	46	800	50	1.1	1.3	13	1200	18
	15-18	2100	46	800	60	1.1	1.3	14	1200	18
	19-22	2100	44	800	60	1.1	1.3	14	800	18
	23-50	2000	44	800	60	1.0	1.2	13	800	18
	51+	1800	44	800	60	1.0	1.2	13	800	10
	Pregnant	+300	+30	+200	+20	+0.4	+0.3	+2	+400	**
	Nursing	+500	+20	+400	+40	+0.5	+0.5	+5	+400	**

* Recommended Daily Dietary Allowances, Revised 1980 (Food and Nutrition Board, National Academy of Sciences — National Research Council).

** Physicians may recommend iron supplements of 30-60 mg to meet increased requirements during pregnancy.

What are desirable weights?

MEN				WOMEN			
HEIGHT	SMALL FRAME	MEDIUM FRAME	LARGE FRAME	HEIGHT	SMALL FRAME	MEDIUM FRAME	LARGE FRAME
Feet Inches				Feet Inches			
5 2	128-134	131-141	138-150	4 10	102-111	109-121	118-131
5 3	130-136	133-143	140-153	4 11	103-113	111-123	120-134
5 4	132-138	135-145	142-156	5 0	104-115	113-126	122-137
5 5	134-140	137-148	144-160	5 1	106-118	115-129	125-140
5 6	136-142	139-151	146-164	5 2	108-121	118-132	128-143
5 7	138-145	142-154	149-168	5 3	111-124	121-135	131-147
5 8	140-148	145-157	152-172	5 4	114-127	124-138	134-151
5 9	142-151	148-160	155-176	5 5	117-130	127-141	137-155
5 10	144-154	151-163	158-180	5 6	120-133	130-144	140-158
5 11	146-157	154-166	161-184	5 7	123-136	133-147	143-163
6 0	149-160	157-170	164-188	5 8	126-139	136-150	146-167
6 1	152-164	160-174	168-192	5 9	129-142	139-153	149-170
6 2	155-168	164-178	172-197	5 10	132-145	142-156	152-173
6 3	158-172	167-182	176-202	5 11	135-148	145-159	155-176
6 4	162-176	171-187	181-207	6 0	138-151	148-162	158-179

Weights at ages 25-59 based on lowest mortality. Weight in pounds according to frame (in indoor clothing weighing five lbs., shoes with one-inch heels).

Weights at ages 25-59 based on lowest mortality. Weight in pounds according to frame (in indoor clothing weighing three lbs., shoes with one-inch heels).

Source: The Metropolitan Life Insurance Co.

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Kids get smile with style

by JO1 Dan Guiam

It goes without saying that a beautiful smile often reflects good dental hygiene deeply rooted in the person's early life.

In celebration of February as "Children's Dental Health Month," the Dental Department of Naval Hospital, Oakland recently sponsored a dental health day for Navy dependents to emphasize early dental health care for children.

"It was an opportunity for parents to bring their kids for free dental examinations and to teach the youngsters proper oral hygiene," said Lieutenant Robert Iverson, a Navy dentist assigned to the hospital's dental clinic. "Normally, children who are interested in their teeth at a young age will

continue to have the same enthusiasm throughout their adult life."

Children who participated in the annual event received a variety of amenities that included free dental examination, instructions on toothbrushing and fluoride application, and a dental care kit. An entertaining and informative film about oral hygiene that featured cartoon character Charlie Brown and his company kicked off the affair. For many children, it was their first visit to see a dentist, said a dental technician, and free balloons definitely made the trip as pleasant as it should be.

Parents, on the other hand, were given a booklet titled "Dental Plan for Active Duty Dependents" in an effort by the dental clinic to answer some of the most often asked questions concerning dental care for dependents.

"The response to our service was very positive," said Dr. Iverson. "We saw 57 patients whose age ranged from 4 to 14. Everybody had a very enjoyable time. I sat down with the kids and discussed with them dental home care and got them used to sitting in a dental chair. They had never seen one before."

The attending dentists found minor tooth decay the most common problem among the children they saw. Corrective measures were then discussed with parents as well as evaluations for orthodontic care.

From clowning around to telling kiddy jokes, the officers and enlisted staff of the dental clinic put on a performance that struck the children's fancy to begin caring for their teeth now.

"I asked the kids some questions to find out where their knowledge on dental care is at," said Dr. Iverson. "I don't like to just sit there and preach to them. I don't feel that's very effective. I interacted with them by asking questions such as 'What's plaque?' or 'Why do you want to brush your teeth twice a day?'"

"I enjoyed it more than the kids did," he said. "I enjoyed seeing them become interested in their dental health through our actions. Seeing people change from indifference to having an interest in their dental health makes my job enjoyable. That was also the reason why I went into dentistry — to help people help themselves."

Personnel of the Dental Clinic who volunteered their off-duty time with Lt. Iverson to participate in the annual event included Captain



DT2 Bangot Sirapandi welcomes patients with a big smile and balloons.
(Photo by Captain Paul Lehman)

Paul Lehman; Lieutenant Commanders Carlton Cherry, Kenneth Eifert and Gregory Horning; Lieutenants Douglas Lewis, Michele Halle and Michael Royse; Dental Technicians 1st Class Stephen Andersen and Juan Ramos; DT2's

Bangot Sirapandi, Vince Taylor and Frederic Aquino; DT3's Howard Jordan, Laurie Wilson and Daniel Isabella; and DN's Mark Hicks, Vivian Vance, Christine Martinez, Leonard Pules, Derek Harts and Brenda Hull.



Dr. Michelle Halle gives instructions on proper toothbrushing while DN Chris Martinez looks on.
(Photo by Capt. Paul Lehman)



Dr. Gregory Horning gives a patient an oral examination.
(Photo by Captain Paul Lehman)

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Sequoia Dental Care
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Tracy, CA 95376
(209) 836-4950

Daly City Office
Westlake Shopping Center
Peninsula Union Dental
283 Lake Merced Blvd.
Daly City, CA 94015
(415) 991-0300

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HM2 Kathleen Young

NAVHOSP Oak Harbor

HM2 Cheryl Renick

SENIOR SAILORS

OF THE QUARTER

NAVHOSP Oak Harbor

HM3 Sean Smith
HM3N Irene Kane

SAILOR OF THE MONTH

BRANCLIN Moffett Field

HM3N Richard Torres

LETTERS OF COMMENDATION

NAVJAG NWREG

HM3 Velda Holthus
HM3S Norman Viray (two)
HM1 Paul Six
HM2 Elaine Jansen
HM3 Renee Levy (Silver Star
in lieu of 4th Silver
Wreath Award)
HM3 Karla Sullivan
HM3N Patricia Palmer
HM3N Lornette Robinson

NAVHOSP Oak Harbor

HM1 Alexandra Sugay
HM1 Robert Shirey
HM1 Lawrence Douglas
HM2 Kenneth Brown
HM2 Sean Carney
HM2 David Healy
HM2 Michael Patterson
HM2 John Putnam
HM2 George Obermiller
HM3 Michael Minturn
HM3 Rodney Taylor
HM3 Christopher Angstead
HM3 Richard Crawford
HM4 Teresa Bryant

LETTERS OF APPRECIATION

NAVHOSP Oak Harbor

HM3 Mark Baysinger
HM3O Kenneth Bogart
HM1 Frank Conde
HM3 Kent Palmer
HM3 Paul Carter

BRANCLIN Moffett Field

HM3 Christina Chandler

ADVANCEMENTS TO PRESENT
RATE

NAVJAG NWREG

LN1 Tanya Johnson
HM3 Karla Sullivan

NAVHOSP Oak Harbor

HM1 Michael Moore
HM2 Danita Geyer
HM2 Roberta McKinstry
HM2 Kent Palmer
HM2 Michael Patterson
HM2 Russell Pickett

BRANCLIN Moffett Field

HM2 Rosemary Hughley
HM2 Donna Long
HM2 Timothy Honeycutt
HM2 Terrance Brock
HM3 Rusty Burnell
HM3 Barak Strahan

GOOD CONDUCT AWARDS

NAVJAG NWREG

ABH3 Duane Wells

NAVHOSP Oak Harbor

HM1 Michael Craddock (2nd)
AT1 Lawrence Douglas (3rd)
HM2 Cynthia Fulford (2nd)
HM2 Karen Hill (2nd)
HM2 William Hyneman
HM2 Joseph Zayas
HM3 Jennifer Allen
HM3 Kerry Hunter
HM3 Jeffrey Mouw

BRANCLIN Moffett Field

HM3 Eve Moretti
HM2 Rosemary Hughley

RENLISTMENTS

NAVHOSP Oak Harbor

HMC(SS) Jeffery Moon
HM1 John Reagan
HM2 Gregory Peckham
HM2 James Linhoff
HM3 Rodney Taylor

BRANCLIN Moffett Field

HM2 Thomas Sutliff
HM2 Rosemary Hughley

RETIREMENT

NAVHOSP Oak Harbor

LT CMDR Paul Wentland

CIVILIAN AWARDS

CIVILIAN EMPLOYEE
OF THE QUARTER

NAVHOSP Oak Harbor

Marjorie Dille

LETTER OF APPRECIATION

NAVJAG NWREG

Lilia Rodriguez

QUALITY STEP INCREASE

NAVJAG NWREG

James Garror
Marilyn Green
Stan Jones
Barbara Moulton
Annonleatha Painter
Jacqueline Pickens
Helen Strahan

PERFORMANCE AWARD

NAVJAG NWREG

Galvin Brown
Brerti Davis
James Ford
Norma Lewis
Laura Peabody
Frances Sheykhzadeh
Trudy Silva
Mary Lou Walker
Lynda Tom
Patricia Walker
Curlene Brown

SPECIAL ACHIEVEMENT AWARD

NAVJAG NWREG

Charles Clark
Hazel Green
Shirley Jordan
Wanda Cappello
Marjorie Lesage
Herb Lindemann
Daisy Littleton
Mary Moss
John Wood
Mettawee Youngblood
Amy Beaird
Alexander Bueno

LENGTH OF SERVICE

NAVJAG NWREG

Trudy Silva
Bruce James

SPECIAL RECOGNITION

A Letter of Commendation was sent to Naval Reserve Surgical Support Team Eleven of Naval Hospital, Bremerton from Commander, Amphibious Squadron Five: Bravo Zulu! For superior performance during recent WestPac deployment.

Sports Round-up

by Ron Brown

Northwest Region Intramural basketball action ended March 2 as the PT team pulled off the biggest upset of the 1987-88 season by topping the Untouchables twice by scores of 61-49 and 53-46.

Mac Harris of the PT squad proved too much for the Untouchables as he scored 36 points in the 61-49 victory and added 25 markers to pace the 53-46 win.

The Untouchables came into the final night of play with no losses. PT had finished regular season play with a 7-2 record. With one defeat in the playoffs, the PT hoopsters had to put together a comeback to beat the Untouchables twice. With the hot scoring touch of Harris leading the way, however, the PT team proved that the Untouchables could indeed but "touched" going down the stretch.

Intramural Basketball Playoffs

Jesse Burt, who scored 40 points, stole the spotlight despite his O.R. team's 67-65 loss in the championship semifinals of the Naval Medical Command, Northwest Re-

gion Intramural Basketball Playoffs.

Although the hot-shooting Burt accounted for two-thirds of his team's scoring total, the O.R. squad was still cut down in a narrow two-point win by the heavily favored Untouchables. A win by the scrappy O.R. team would have been the "shocker" of the tournament against the number one ranked Untouchables.

The number two ranked team in the league, Lost Boys, did get upset, however, as the PT team edged by 63-61. Mac Harris led the PT team scoring with a game high 24 points.

Intramural Softball

Lieutenant Commander Larry Kilgore, who will coach the Northwest Region headquarters staff team in the upcoming Intramural Softball League, has issued a call for interested players. Persons desiring to play on the team should contact Lt. Cmdr. Kilgore at 6200 ext. 62. Practice will begin in mid-March and the season gets under way in late April/early May.



Hospital Corpsman 3rd Class Sean Smith and Yeoman Seaman Irene Kane have been named the latest Junior "Sailors of the Quarter" at Naval Hospital, Oak Harbor.

HM3 Smith was selected for his sustained superior performance while assigned to the Fiscal/Material Management Department. He currently manages the Forms Control and SERVMART Divisions of the Supply Department. He is responsible for maintaining stock levels of more than 300 different forms.

HM3N Kane was selected for her



superior performance since assigned to the Manpower Management Department from August 1987 to present. She was cited for expertly using the department's computer system to significantly upgrade the quality of correspondence. She also devised a method to print the Enlisted Evaluation Report on the computer resulting in 100 percent accuracy compared to manual typing errors.

Her computer knowledge permitted her to skillfully complete the monthly and quarterly manhour reports as well.

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'Angels' at Naval Hospital, Oakland

American Red Cross

*The Good Neighbor...
There when you need us.*

by JO1 Dan Gulam

They come from all walks of life, a diverse group of people bonded by a common goal. Theirs is a labor of love, working just as hard as any conscientious paid worker but never demanding a single penny. What keeps them going is their generous commitment to serve humanity like good neighbors — to reach out and touch someone.

Fondly referred to as the "Angels of Mercy," these special breed of people are the volunteers of the American Red Cross station at the Naval Hospital, Oakland. They're always there to assist anyone as well as staff members of the Naval Medical Command, Northwest Region — not only in times of trouble or emergency, but at any time to protect their clients peace of mind.

"The volunteer force is composed of capable individuals who share genuine interest in the well-being of sailors and Marines and their families," said Ms. Carol Arter, the station's manager. "Their ages range from 39 to 82, and they're mostly retired military veterans and spouses of retired military members whose common denominator is helping people."

Serving the military is nothing new to Ms. Arter. Previous assignments with the Red Cross saw her working side-by-side the Navy, Army and Air Force. She also grew up in a military environment herself. Her father retired from the Army only two years ago.

"There's something special about people who made commitments to the military," said Ms. Arter. "The military is always there, standing-by and ready, and so do our volunteers."

Myriad of tasks

A volunteer's job involves a myriad of tasks that require heavy doses of patience, understanding and love. You may also add a bundle of energy. Throughout the hospital, volunteers can be spotted always on the go, running errands for the different clinics, comforting patients to assisting in the distribution of medicines in the pharmacy section.

Their services may also include health and welfare reports on family members, medical verification for emergency leaves, financial assistance in certain situations, transmittal of funds, disaster reliefs and referrals for family problems which do not fall within the Red Cross policy.

To top those, volunteers can also help maintain communication between service personnel and their families through the Red Cross telecommunication network that can be sent to any place in the U.S. or to any ship (at sea or in port) as well as to any U.S. military base in the world.

"I enjoy being a volunteer," said Ms. Anita Jones. "You really have to like people to do this kind of work."

"Patients sometimes get emotional and cry, and we have to console them," said Ms. Jones. "They may look gloomy but when they see us coming, they seem to think that help is coming. And that's true

because we help them the best we can, such as sending a message to their loved ones or doing an errand for them."

40 volunteers

Ms. Jones is one of 40 Red Cross volunteers serving at the hospital. Three times a week, she goes around the ward, asking patients if they need something at the store or if there's anything she can do for them. She also distributes magazines and paperbacks. One of her favorite stops is the pediatric ward, where she enjoys playing with the kids.

"I love being here at the hospital," said Ms. Jones. "Everyone is so busy and people are nice to talk to. The jobs keep me busy all the time but I still have the energy to do household chores at home, even though sometimes I have to take a long walk from the hospital to the exchange. I like it, it's good for your body. I particularly like the scenery along the way, the green trees, birds and hills. It's God's beauty and that's what I tell patients every time I make an errand for them."

Ms. Jones, however, had no idea she was going to join the Red Cross when her husband died three years ago. She was very heartbroken and lived a drab existence. At the prodding of a Navy chief who worked at the hospital, she joined the Red Cross without hesitation, and soon her life became bright and rosy again, which is often the case for many volunteers.

Ms. Ardeth Sklinchar has served as the Chairman of Volunteers since 1979. Like Ms. Jones, she enjoys working with people. In fact, working with people is what she's been doing all her life. When she retired as a nurse at a local civilian hospital in the early 70's, she didn't want to completely "hibernate" into oblivion. She wanted to continue on helping people, and saw the Red Cross as the logical outlet for her noble aspiration.

Happiness is helping

"We may not necessarily solve one's problem but anything we can do to help makes me happy," said Ms. Sklinchar.

On the job, the chairman conducts interviews with future volunteers and tries to place them in the area where they fit besides assisting in the administrative management of the organization.

Volunteers, according to Ms. Sklinchar, serve in a variety of areas, such as case workers, personnel service, recreation, arts and crafts, disaster and safety, to name a few. Whatever is the assigned task, volunteers agree they reap personal satisfaction from the effort and it enriches their understanding of others and increases their knowledge of the military.

Case workers are situated in the Red Cross office located on the 5th floor of the hospital. They assist the station manager in verifying information needed for financial assistance, emergency leave, referral services and other related matters.



Mrs. Blanche Duarte, a personnel service volunteer, comforts a young Marine patient at Naval Hospital, Oakland. (U.S. Navy Photo by JO1 Dan Gulam)



Mrs. Anita Jones, in a playful mood, entertains a sick girl while the father looks on.

(U.S. Navy Photo by JO1 Dan Gulam)

Mr. Gary Brown, a retired hospital corpsman, serves as a case worker. He also sends out birth messages to fathers on ships, verifies death and illnesses, and counsels clients.

"I enjoy helping people," said Mr. Brown. "It's an extension of my Navy career. I have flexible hours too. I may work eight hours today and four hours the next day. That's the beauty of volunteer work."

Recreation volunteers, on the other hand, as the name implies, entertain patients and give them something to do to make their stay at the hospital fun and interesting. Ms. Hazel Daniel does this kind of work every Thursday evening. She takes refreshments such as punch and cookies to patients in the different wards and chats with them. Her energy doesn't stop there as she also plays bingo with the psychiatric

ward patients like a real pro at a state fair.

Dedicated seamstress

When it comes to arts and crafts, Ms. Martha Rindler is the best-known volunteer. Although she works three days a week as typist for the Oakland/South Alameda Red Cross chapter, she can be found every Tuesday (and most evenings) sewing scrap material into slippers for patients at the hospital. Her goal is 100 pairs a month.

Ms. Rindler was a World War II concentration camp prisoner in Czechoslovakia, where she lost 37 relatives including her mother and her husband. She has gained a reputation in the Red Cross community as a seamstress stitching under the Red Cross label.

"Though the quiet volunteers

often go unnoticed, Martha's handiwork commands attention and attests to her endurance and dedication," said a fellow volunteer.

Personnel service volunteers comprise the bulk of the force. The person-to-person touch and the joy of compassion that goes with it seem to be the solitary basis why many are attracted to the volunteer work like Mrs. Blanche Duarte.

"This is the kind of job I like," said Ms. Duarte, a retired bookkeeper. "I like the contact with patients, visiting and talking with them. They tell me their troubles and I listen. We do whatever we can to make life easier for them."

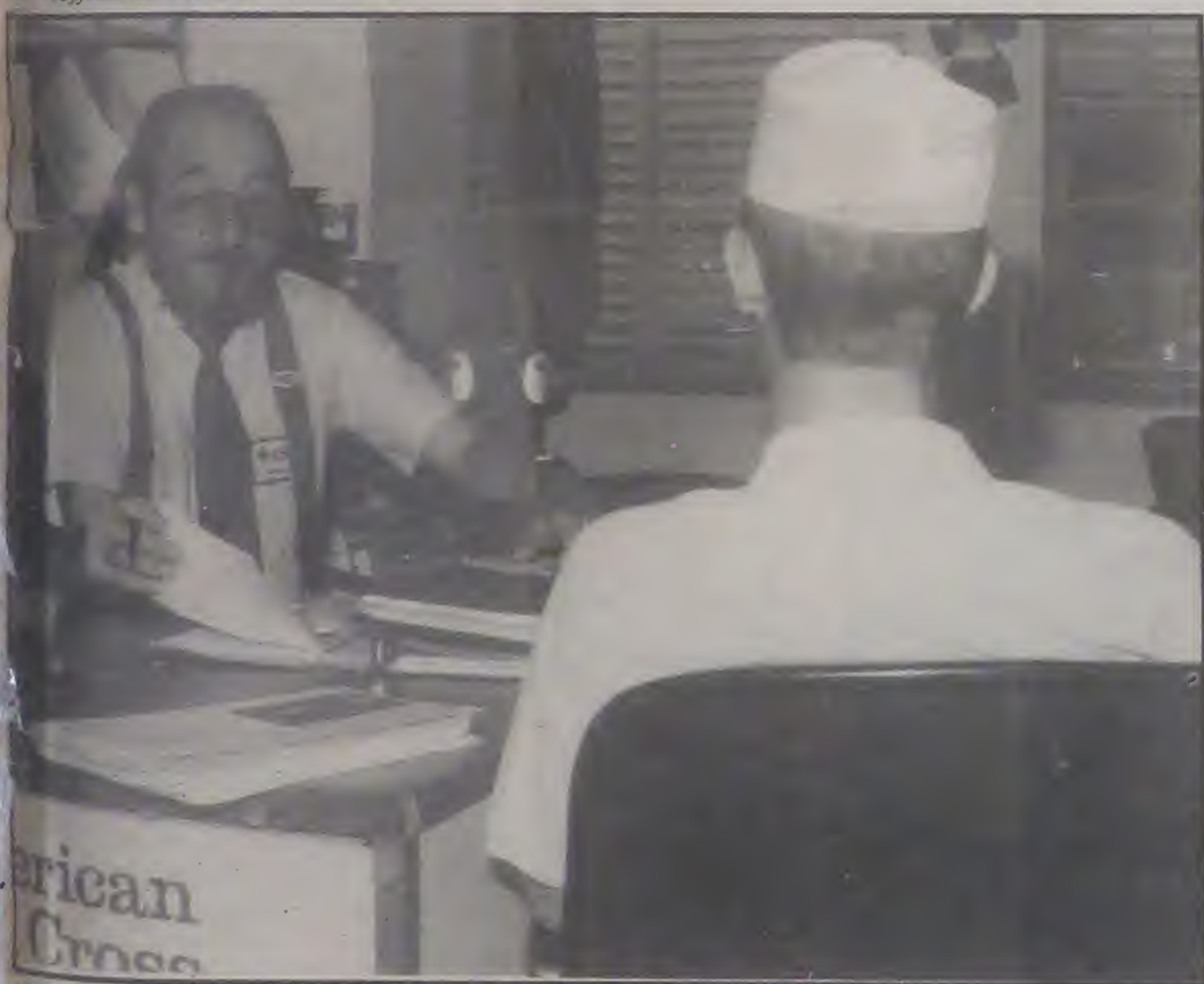
"There's really nothing to complain about the job," continued Ms. Duarte, who's been with the

Mrs. Arden Sklinchar assists another volunteer, Mrs. Doris Gibson (right), in filling out administrative paperwork (right photo).

(U.S. Navy Photo by JO1 Dan Guiam)



The badge says it all. (Official American Red Cross Photo)



Mr. Gary Brown, a retired hospital corpsman, counsels a Navyman concerning emergency matters. (U.S. Navy Photo by JO1 Dan Guiam)

Red Cross for 11 straight years now. "I won't do it if I don't like it. Red Cross is Christianity in action at its best."

The Red Cross station at the hospital operates from 8 a.m. to 4 p.m. Monday through Friday. For any assistance after working hours or weekends, the hospital's information desk should be contacted for names and numbers of volunteers on duty.

Red Cross always there

IF you have a personal emergency and need money... the Red Cross may assist with an interest-free loan or grant.

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Capt. Strom assumes helm

continued from front page
developed with physicians, surgeons, nurses, hospital corpsmen, civilians and administrative support personnel alike in the clinics and operating rooms during 15 years service at Oak Knoll.

Capt. Strom compares Naval Hospital, Oakland to a beleaguered ship.

"People have been trying to close it so much since 1947," Capt. Strom related. "It has probably been poked, probed and examined by more committees, combined groups, task forces and congressional inquiry groups than any hospital in the country."

"It has been whipped, choked and squeezed by budget and resource restraints," Capt. Strom continued. "She has had her virtue assailed by the news media — both television and the printed word — on many occasions, but she keeps going on."

"I think Naval Hospital, Oakland keeps going because of the people in it," Capt. Strom asserted. "Oak Knoll has a unique character about it and is probably different

than any other hospital in the Navy system.

"Sometimes we forget that the building itself is an instrument. But, it is a living, breathing kind of instrument with its own biology. There are the physicians, nurses and technicians that take care of the patients and there are the dedicated medical service people and civilian personnel that keep the hospital greased, humming, repaired and maintained."

"Active duty people, their families and people that have served the country in the past come through the hospital doors sick and hurt to put their lives in the care of strangers," Capt. Strom pointed out. "It's these strangers that have a feeling for people that makes the hospital unique."

"Admiral Davis, you can be assured that people in your command, in the event they become sick or hurt and come to Oak Knoll to put their lives in the hands of the strangers here, will be treated with kindness, gentleness and love."



Captains Alice Martinson and C. Gordon Strom cut traditional cake during the reception following the change of command at which Capt. Strom relieved Capt. Martinson as Commanding Officer of Naval Hospital, Oakland. (Photo by JOC Mike McGougan)

Diver Sailor of Year

continued from front page

to volunteer to help out a shipmate."

Among Petty Officer Douglas' significant professional achievements are his responsibilities for ensuring the maintenance and operation of the command's aviation physiology and water survival training devices; administering the departmental training budget, a fund totalling \$30,000; to maintaining all training devices so that no training was lost or postponed due to device malfunction.

"I care about my job," said Petty Officer Douglas. "When I walk into my shop in the morning, the first thing I do is set my priorities for the day. I look at what can be done and what can't be done, and simply do the best I can to meet the challenge. The quality of your job should reflect pride."

Despite his already busy schedule and the high tempo of operations often associated with his job, Petty Officer Douglas still finds time to continue his education and get involved with the community. In fact, it was during his off-duty time that he completed the Naval Aviation Water Survival Training Program Instructor School and became qualified as an instructor in Red Cross CPR and First Aid.

He also managed to maintain his

Naval Aircrewman qualification during his off-days. To date, Petty Officer Douglas has completed 116 credits toward a bachelor of science degree in engineering with minor in computer science.

In the area of community involvement, Petty Officer Douglas is part of the Big Brother organization of the local YMCA. As a big brother, he spends time with his YMCA little brother "doing the same things" brothers do. He also designed and administered the YMCA's water safety program. In addition, is a CPR instructor for the Oak Harbor YMCA and the local chapter of the American Red Cross.

Petty Officer Douglas wears the Navy and Marine Corps Medal, Good Conduct Medal (third award), Navy Unit Commendation, Meritorious Unit Commendation, Armed Forces Expeditionary Medal (second award), Navy Expeditionary Medal (second award), Sea Service Deployment Ribbon and the Navy Pistol Marksman Badge.

Petty Officer Douglas lives in Oak Harbor with wife, Tamara, and 5-year-old daughter, Jessica. He enjoys the outdoors, family outings and athletic activities such as camping, skiing, scuba diving and local 10k runs/triathlons.

Sailors of the Year



HME Kama L. Serevi
Age 35
Date entered service:
November 11, 1962

Command:
Navy Medical Clinic,
Hawaii

Duties and responsibilities: Leading Petty Officer, Laboratory Services; worked with maintaining quality control of various equipment and testing procedures; ordering of supplies; ensuring monthly quality; and acts as liaison between clinic and naval hospital. Auxiliary and Infection Control Committee member. Physical Readiness Coordinator; usually duty as Chief of the Day.

Community involvement: Volunteer worker for Association for the Handicapped, Fairfield, Calif.; participated in the "Say No to Drugs" campaign; volunteer worker for Special Olympics '87 member of Valley Coast Softball Team '87; and member of Valley Women's Softball Team '84-'85.

Excerpts from CO's recommendation: "His efforts have resulted in a laboratory which is highly accurate and extremely efficient. His knowledge of laboratory talent and their personal qualifications make her a much sought after expert by health care providers and fellow workers."



HME Iva S. Gordon
Age 37
Date entered service:
August 25, 1977

Command:
Naval Hospital, Lemoore

Duties and responsibilities: Leading Petty Officer, Patient Administration, Assistant Health Benefits Advisor, Disability Counselor, Devident Affairs Coordinator, MEDEVAC Coordinator (Ground and Air) Third Party Liability Clerk, stands duty as Petty Officer of the Watch.

Community involvement: Jewish lay leader for NAS Lemoore, Protestant ambulance and demonstration display for Boy Scouts of America; active member of Hospital Recreation Committee and Trip 4 Men; annual with the NAS Lemoore Annual Health and Food Fair.

Excerpts from CO's recommendation: "HME Gordon's commitment to excellence shows in his desire and ability to accomplish a multitude of tasks. He routinely works hard and accepts new assignments as an opportunity to learn and progress."

Duties and responsibilities: Leading Petty Officer in charge of work order drawing, Biomedical Equipment Repair Department, advanced biomedical equipment repair technicians, stands on-board preventive maintenance watch and on-call emergency medical repair watch.

Community involvement: Washington State Special Olympics volunteer; assistant bus leader for Gulf Coast Pack 521; volunteers off duty time to South River Fire Department.

Excerpts from CO's recommendation: "HME Hamrick's service history reflects his long-standing reputation as a strong but sensitive leader, competent manager, loyal and trustworthy shipmate. This fine petty officer exemplifies the true sailor."



HME Dwight B. Tacea
Age 36
Date entered service:
June 23, 1975

Command: Northwest Region

Duties and responsibilities: Leading Petty Officer, Biomedical Equipment Repair Division; coordinates all repair, calibration and preventive maintenance actions and requests for Naval Hospital, Oakland, nine branch medical clinics under Naval Medical Clinic's Command, San Francisco and approximately 20 homeported or transient Navy ships in the area, stands duty as Emergency Medical Repair Technician.

Community involvement: Active PTA member involved in fund-raising activities; Assistant Coordinator for Church Alliance; Weekend events; weekend volunteer for church supported groups dedicated for the aged.

Excerpts from CO's recommendation: "Working under manpower and budgetary constraints, Petty Officer Tacea has done a sterling job in accomplishing the division's mission with the resources at hand."



DTI Margaret Meltzer
Age 37
Date entered service:
September 13, 1983

Command:
Navy Medical Clinic, Lemoore

Duties and responsibilities: Supply Petty Officer, Educational Petty Officer, Mail Petty Officer; chair-side assistant, sterilization technician; responsible for compiling dental recall and failure reports and in-service training reports; stands watch as duty dental technician.

Excerpts from CO's recommendation: "DTI Meltzer has proven that she is most capable of handling various roles within one military structure. She shows perseverance, a consistent drive toward self-improvement, and a flexibility that allows her to assume greater responsibility."



HME Janet K. Elliott
Age 32
Date entered service:
February 17, 1977

Command:
Naval Medical Clinic,
San Jo

Duties and responsibilities: Fiscal Accounting Clerk, LPO, Travel Clerk, Fiscal/Supply Department; handles civilian medical bill accounts and work requests; Recreation Committee chairperson, command representative for Naval Station Recreation Committee, and standby for immunizations; stands duty as Chief of the Day.

Community involvement: Paytime volunteer for Rape Crisis Center of Bellevue, Wash.; fund-raising committee member for Blessed Sacrament Church of Bellevue; Volunteer for Bellevue DWI (Driving While Intoxicated) Task Force; volunteer for Sea Fair '87, taught some emergency fundamentals of first aid.

Excerpts from CO's recommendation: "Just having Petty Officer Elliott's presence at this command is a motivator and is a 'shining example' for others to emulate. She has had an 'all-star' year and is very deserving of being honored as the NAYMEDCOM Sailor of the Year."



DTCG Bertha L. Knight
Age 44
Date entered service:
June 28, 1971

Command:
Naval Medical Clinic,
San Francisco

Duties and responsibilities: Ward Nurse Supply Supervisor; maintains 150,000 fund allocations for command recurring work requests and TAD liquidations; prepares and reviews all ongoing military documents; procurement clerk; budget assistant; Consumer Health Council member; Urinary Drug Program Coordinator; CPR and Basic Life Support instructor.

Community involvement: Active member in the Protestant religious development of the Treasure Island community; involved CRK members.

Excerpts from CO's recommendation: "HME Knight has proven and from being ranked as no. 1 in 20 petty officers first class from the command in 1986 to being ranked no. 2 in 1987. This was accomplished while she was learning a new job, devoting her annual leave to her church to teach vacation Bible school, performing other civil duties, attending college in the evening, and single-handedly raising three small children."

Duties and responsibilities: Leading Petty Officer, Management Management Department; command and departmental financial instruction; instruction for command's Navy righter and responsibilities; Fleet Finance Affairs Watchbill Coordinator; stands duty as Finance Affairs Watch.

Community involvement: Member of the Filipino-American Association; Naval Hospital, Oakland; active member of the local Catholic church.

Excerpts from CO's recommendation: "HME Carongroving served with the First Marine Division as an E-4 in a billet normally held by a chief petty officer, and now serves in a billet which is normally assigned to a petty officer first class. He has continuously demonstrated the professional and leadership skills of a much more experienced petty officer."



DTC Douglas L. Hamrick
Age 31
Date entered service:
June 13, 1978

Command:
Naval Hospital, Lemoore



HME Maria M. Carongroving
Age 38
Date entered service:
August 1, 1980

Command:
Naval Hospital, Oakland

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
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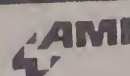
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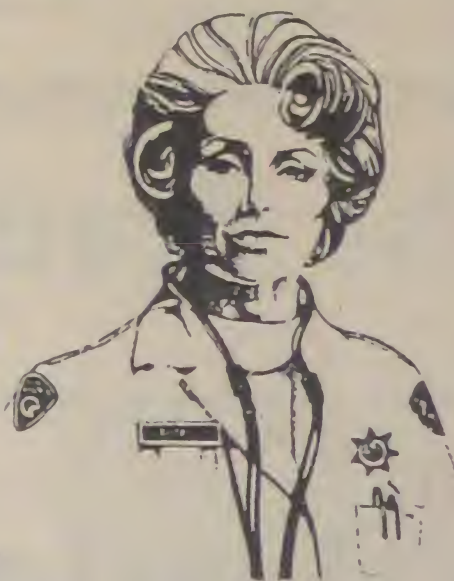
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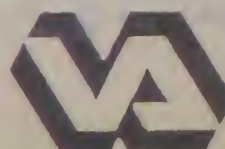
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NORWESTER

Volume III No. 6

March 25, 1988

The Voice of the Naval Medical Command, Northwest Region



Rear Admiral David M. Lichtman congratulates SOY AT1 Lawrence Douglas (right). (Photo by Airman Debbie Davis)

DOUGLAS MEDCOM SOY

NW Region diver vies for 'top shore sailor'

Aviation Electronics Technician 1st Class Lawrence Douglas, most outstanding Northwest Region enlisted performer of 1987, has been selected Naval Medical Command's Sailor of the Year (SOY).

One of three finalists selected from medical facilities throughout the Navy to vie for top honors, Petty Officer Douglas will now represent Naval Medical Command in the Navywide Shore Sailor of the Year competition to be held in Washington, D.C.

Prior to evaluation of the three finalists by a MEDCOM Sailor of the Year selection panel convened in Washington, D.C., this past week as the Norwester went to press, AT1 Douglas was formally honored by the Northwest Region. Petty Officer Douglas and other Northwest Region SOY nominees were honored guests on March 11 at a luncheon hosted by the command headquarters staff at the Officers' Club in Oakland.

Petty Officer Douglas is assigned to Naval Hospital, Oak Harbor's Aviation Physiology Training Department.

"There are 42 subordinate medical and dental activities in the Northwest Region with some 2,300 enlisted personnel assigned," pointed out Master Chief Hospital Corpsman William O'Daniel, Northwest Region Command Master Chief and master of ceremonies at the luncheon. "When you consider that there are 14 major echelons of command in the Naval Medical Command, including eight GeoComs, with thousands of personnel, it is quite an honor for Petty Officer Douglas to be selected a finalist and it is quite an honor for the Northwest Region to be represented by him."

"There is a long list of worthy and honorable sailors who deserve special recognition," Rear Admiral David M. Lichtman, Commander, Naval Medical Command, Northwest Region said in praising Petty Officer Douglas. "However, AT1 Douglas truly surpassed himself by performing more than a great job. He embodies a spirit and courage that has been prevalent throughout Naval history."

"AT1 Douglas exemplifies the spirit of the Navy, and is a sterling representative of the Navy Medical Department," Rear Adm. Lichtman added. He was not only selected because he

continued on page 6

CNO fights funding battle

Navy combat ready worldwide

Enough people to man the Navy, fair pay and benefits for those serving in the Navy and total force readiness are at the top of Chief of Naval Operations Admiral Carlisle A.H. Trost's list as he prepares to testify before Congress on the Fiscal Year '89 Navy budget request.

CNO told the fleet in NAVOP 021/88 to keep in mind that despite the publicity about budget cutting, "Nothing has changed in the real world." He said, "Today, whenever there is a requirement for U.S. military power on station, our Navy gets the call."

Adm. Trost said no one has forgotten the global threat and although times could get difficult, he feels the nation's investment in a strong Navy will be protected. The Navy's all-around capability "is light years ahead of where we were," he said. "Our goal is a 600-ship Navy. We are combat ready and we're going to stay that way."

He praised the "selfless dedication to service and strength of character" that enables Navy people to face long deployments and stressful duty. He said his top budgetary priority would be programs for Navy people such as adequate enlisted and officer end-strength, fair pay and benefits, judiciously-applied selective reenlistment bonuses, sufficient permanent change of station funds and aggressive recruiting. CNO called reports that Navy leaders offered up the proposed 4.3 percent pay

raise to retain 16 frigates inaccurate.

Congress will hear from Adm. Trost that the Navy is ready to fulfill its mission and that every day, throughout the world, Navy men and women in ships and aircraft display impressive strength and capability to all.

"You lead the way, underway, every day," Adm. Trost told the fleet.

Meanwhile, the Chief of Naval Personnel, Vice Admiral Leon A. "Bud" Edney, asked lawmakers for pay that recognizes the arduous aspects of Navy life and no officer cuts, during his budget testimony March 3.

The Admiral said the Navy is blessed with the highest quality people in its history and that the Navy's primary commitment must be to its people. Edney presented the Navy's FY 89 budget request for manpower, personnel and training to the House Armed Services Subcommittee for military personnel and compensation.

Vice Admiral Edney said the Navy's readiness encompasses recruiting, training, continuing education, leadership and, most importantly, quality of life initiatives. Among his requests were:

- Pay and allowances that recognize the arduous aspects of Navy life;
- Adequate permanent change of station (PCS) funding;
- Selective reenlistment bonuses and special skill bonuses set at a



Admiral C.A.H. Trost

level to compete with the civilian job market;

- Military construction to meet Navy housing shortages and training requirements;

- No requirement for a four percent reduction in the Navy Officers Corps;

- More flexibility in the law governing joint tour lengths and assignment policies to balance officer joint staff and fleet operational requirements;

- Continued sufficient funding for morale, recreation and welfare programs.

Vice Admiral Edney emphasized that the cost of taking cuts in people programs is a direct and immediate adverse impact on the nation's security.

Computer 'cure' at Oak Harbor

Naval Hospital, Oak Harbor recently began using a computer system to schedule outpatient clinic visits to speed the process and meet the needs of other clinics within the

medical treatment facility.

The hospital holds the distinction of being the first test site to use the computer system to calculate numbers and types of services rendered.

In the past, this very time-consuming process was done by hand. The information is key to facility manpower and resource distribution determinations.

Under the new system, patients calling in for registration or appointment will be asked additional but pertinent information, which may take a little longer than usual.

However, once the patient is registered, the computer will retain the information, speeding up the process the next time an appointment is needed.

When fully operational, the computer system will improve the quality and timeliness of the appointment process by reducing waiting time and increasing accuracy. In addition, clinics can scan their healthcare providers' schedules and provide up-to-date information about follow-up appointments available within their clinic.



Naval Hospital, Oak Harbor personnel train on the new computerized clinics appointment system. (Photo by Lieutenant Lee Cornforth)

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the Chaplain's Corner

By Cmdr. Melvin J. Hary

Charley was mentally retarded. Physically he wasn't all that healthy either. Diabetes and other ailments made each year of his life more uncertain. To see him, you would think he was a skinny 18-year-old. When you talked to him, you found out he was mentally about 6 years old.

But for all his problems, Charley had a lovable way about him. People just liked him. And to his classmates in the special program for mentally handicapped people, Charley was a favorite. "Charley's just slow," they all agreed.

As Easter approached, their teacher gave the group an Easter project. "Bring to the next class an egg shell, but fill it with something that reminds you of Easter," she instructed them.

At the next class, all 12 students were anxious to show what they had done. Ingrid was called on first. She opened her egg shell. The class gasped as a butterfly burst out. They cheered and clapped as it flapped upwards.

"What does Easter mean to you, Ingrid?" the teacher asked.

"It's like being free and brand new," she answered. "Like a caterpillar who becomes a butterfly." The class liked that.

Dan, the class grouch, was next. He opened his shell and proudly produced a small rock. "What does this rock tell us about Easter, Dan?" the teacher asked.

Dan a little annoyed said, "Turn it over." There on the other side was some green moss. Dan was quite proud to point out this example of new life. The class clapped appreciatively.

By this time Charley could hardly contain himself. Finally the teacher called on him. Charley slowly and carefully opened his egg shell, and held it out for all to see. There was nothing in it; it was empty. His classmates groaned in disappointment. "But Charley, there's nothing there; it's empty," the teacher complained.

Charley stammered excitedly, "I know it's empty, just like the tomb of Jesus...when he rose from the dead...big and strong...and smart...and not slow anymore." The class just looked at him in silence.

It happened suddenly, but it was expected for some time: Charley died. His funeral was a tearful affair, for Charley was special to many people. Amid the many bouquets of flowers was a special remembrance. His friends from the class got together and made a going-away present.

There, on his coffin, were 11 egg shells — empty.

Drug purchase remedies eyed

A Department of Defense Inspector General audit identified an opportunity for the services to save \$4.6 million in their purchase of pharmaceuticals. The audit concluded that the Navy was doing an excellent job of using the Navy stock system in obtaining available drugs, but could improve the procurement of lower-cost drugs from commercial sources.

Rear Admiral Joseph S. Cassells, Commander, Naval Medical Command, Washington, D.C.,

strongly encourages the medical community to obtain pharmacies' commercial publications such as **Drug Facts and Comparisons Book** and/or **Drug Topic Red Book** to determine alternative prices. Pricing information from these types of publications, he said, should be made available to the Pharmacy and Therapeutics Committee during formulary determinations. Pricing information identifying the lowest cost sources of acceptable drugs should be provided to pur-

chasing offices along with purchase requests.

"During this period of austere funding," the Admiral said, "we need to find methods to save money and still provide quality care."

"I believe a team effort of the pharmacy officer, Pharmacy and Therapeutics Committee, and purchasing personnel is a good step toward our goal."

Blue Angels only N. Calif. show set

For those of you who want to see the Blue Angels perform breathtaking aerial maneuvers and precision flight demonstration, mark April 17 on your calendar. The team will be performing at Naval Air Station Lemoore that day in a 12 noon show in conjunction with the base open house commencing on April 16.

This aerial event, which also features well-known civilian acrobatic teams, is free and open to the public. Gates at NAS Lemoore will open at 8 a.m.

The Blue Angels are not scheduled to perform in the Bay Area this year, so this is your only chance to catch the world-famous



team in action at a closer location.

For the group's schedule in the state of California, the Blue Angels will be at Naval Weapons Station

China Lake, April 16; Marine Corps Air Station El Toro, April 23-24; NAS Miramar, Aug. 20-21, and NAS Point Mugu, Oct. 8-9.

Holy week services in NAVHOSP Oakland chapel

CATHOLIC

27 March — Palm Sunday
Blessing and distribution of Palms at 0830 & 1200 Masses

Monday — Wednesday
Daily Mass at 1200

31 March — Holy Thursday
Mass of the Lord's Supper at 1500

01 April — Good Friday
Catholic Liturgy Service including Holy Communion and Veneration of the Cross at 1500.

02 April — Holy Saturday
Easter Vigil at 1730 (First Mass of Easter)

03 April — Easter Sunday
Mass of the Lord's Resurrection at 0830 and 1200.

PROTESTANT

27 March — Palm Sunday
Message: "The Triumphant Troublemaker" at 1030

Monday — Thursday
"The Emotional and Psychological Aspects of the Suffering of Christ During His Last Days" at 1230 daily

01 April — Good Friday
"The Physiological Suffering of Christ in His Last Hours" at 1200.

03 April — Easter Sunday
Message: "Rolling Back the Stone" at 1030

JEWISH

01 April — Passover Seder
1845 on Friday at the Naval Hospital, Oakland Officers' Club.

Note: All Jewish personnel are urged to celebrate this event. Please RSVP through the Chaplains' Office at ext. 5560.

View from 'the hill'

'We care...we're best...we're user friendly'

By Rear Adm. D. M. Lichtman
Commander

Since I reported to this command in January, I have had several opportunities to discuss with you my thoughts on Navy Medicine. I am personally aware, through my experience practicing in both civilian and military hospitals, of what it takes to provide the highest quality medicine. It is my belief that Navy Medicine stands second to none. Navy practitioners are as professional, dedicated and

hardworking as any I have encountered. You are truly the best. I really want to drive that point home. Add to that the fact we provide medical care for our own Navy family and it is immediately apparent that we work in a very special environment. The environment, which is characterized by common goals, interests, and a unique interdependence, is an ideal one in which to strive for, and achieve excellence. These family bonds are rooted in over two hundred years of Navy history and tradition.

In her remarks at the change of command ceremony, former Commanding Officer of the Naval Hospital, Oakland, Capt. Alice Martinson, summed up best our reason for being here. When she took the platform, she told a wonderful story about a very special little person named Elsa. She explained that Elsa is a nine-week old girl who weighed only 15 ounces at birth, and who has already doubled her weight.

She said, "Elsa has been very important to me in the past nine weeks. Our hopes, dreams, and daily abilities have been impinged upon during the past nine weeks to a degree that I've not had to face in six years of command at three institutions.

"It has been real hard many days trying to tell myself why it is I'm doing this. Why is it any of us should be working and sacrificing to do what it is we're doing?

"So, when I can't find the answers myself, I've been able to go upstairs and talk to Elsa. And, Elsa has had the answers. Elsa is a Navy nurse's baby. Elsa is family.

"And, that is the bottom line answer for all of us, folks. We are Navy Medicine. We are the ones who are privileged to do whatever it takes to take care of the Navy family. We've been able to accomplish them collectively and individually for two reasons.

"First, we have been able to succeed by being given the grace to overcome our fears; we've been able to move beyond our fears. The second ingredient to success is love.

"Love is the thing that ensures that the whole more than exceeds the sum of its parts."

I have another example of our commitment in Navy Medicine. There is a motto at Naval Hospital, Bethesda which goes a long way in describing the essence of Navy Medicine: "Caring is what we do best." However, in these days of high technology and super specialization, caring is simply not enough. For the Northwest Region may I suggest our motto be: "We care, we're the best, and we are user friendly."

That combination of excellence and caring describes what we are and what we must continue to strive to be.



Rear Admiral David M. Lichtman (second from right), Commander, Naval Medical Command, Northwest Region confers with headquarters staff. Left to right: Commander Richard Hilderbrand, Assistant Chief of Staff for Plans and Operations; Lieutenant Karl Johnson, Administrative Assistant to the Commander; and Captain Nancy Fackler, Commanding Officer of NAVMEDCOM Northwest Region Reserve Detachment 520. (Photo by JOC Mike McGougan)

NORWESTER

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Commander

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'Enterprising' lifesaving course

Heart victims aided

By JO3 Steve Moos

Suddenly, as if a switch had been turned off, the patient's heart stops beating. Doctors and corpsmen race to revive him, but as basic life support measures fail, a doctor shouts out "defib him, stat!"

This scenario, or "megacode" as it is called, could easily have been the real thing. For the doctors and corpsmen who received Advanced Cardiac Life Support (ACLS) training aboard the aircraft carrier USS Enterprise (CVN-65) recently, it could be the difference between the life or death of a fallen shipmate.

The ACLS course was taught by Commander Richard Osborne and HMI Fred Grossman from the Naval Aerospace Medical Institute (NAMI) in Pensacola, Fla. They are part of a military training network set up for all branches of the service.

The course is normally taught at a shore-based medical facility, but because medical and dental departments needed to recertify and certify their doctors, the instructors were flown aboard Enterprise.

"This is probably as flexible as the Military Training Network has ever gotten," said Cmdr. Osborne, Department Head of Internal Medicine and Cardiology at NAMI. "As far as I know, it's the first time this course has been taught on any ship."

"With the operational commit-

ments we've had over the last four months we could never schedule a class to get our doctors certified without leaving them on the beach," explained Senior Chief Owen O'Neil, Medical Department LCPO. "And if they spend all their time on the beach, they won't be prepared mentally or emotionally for deployment," he added.

The course was unique, not only because it apparently was the first of its kind aboard a ship, but also because what started as a recertification and certification of doctors was also made available to several hospital corpsmen.

Because corpsmen are expected to conduct basic life support procedures (CPR), and not advanced life support procedures, ACLS training is not a part of their normal curriculum. However, as the feasibility of training more personnel became apparent, Cmdr Osborne opened the course to the corpsmen.

The course involved six days of intense training in airway intubation, intravenous fluid therapy, restoration of the heart's rhythm (defibrillation), recognition of abnormal heart beats (disrhythms) and drug usage. The training concluded with a practical exam known as a megacode which tested the students' ability to apply what was learned during the simulation of a heart attack patient.

"The (megacode) scenario was quite realistic and really gave the provider a chance to test under



Lieutenant Commander Anthony Esposito and HM3 Paul Anderson (left) practice lifesaving techniques under watchful eyes of instructors aboard USS Enterprise. (Photo by JO3 Steve Moos)

pressure what he had learned," commented Lieutenant Commander Thomas Marling, ship's surgeon.

For HM2 Richard Carter, a civilian paramedic before joining the Navy, the ACLS course meant being recertified for the fifth time. And, although it was "old hat" for him, he said there have been some changes.

"CPR is an evolving thing. There are always new theories about how to do this or that."

"Only four years ago the medical community believed that primary to saving a man's life was the basic life support and drug therapy that went along with it. Now, there's more of a push towards

quick electrical conversion of the heart, to defibrillate and get it started again."

A key point in conducting CPR on a ship, pointed out Petty Officer Carter, is that you have to be adaptable. "On a ship, when a man goes down, he doesn't fall out in the middle of a passageway. He has a tendency to fall down on a ladder into a corner. Patients just don't pick nice clean areas which poses another problem."

Doctors and corpsmen certainly needed to be adaptable during the course of their instruction. It was not uncommon for them to drop everything in the middle of class to answer an emergency call.

"Considering their regular work

schedules and all the battle condition exercises and drills that went on, the doctors and corpsmen did exceptionally well on this course," said HMI Grossman. "This is not an easy course. It's very demanding and time-consuming."

"There was a lot of information to assimilate in a short time," recalled Senior Chief O'Neil. "We were given a 300-page book and four days to learn it. I had doubts about my ability to finish the course a day into it."

"You can compare basic CPR to ACLS by comparing an airman who's a plane captain to the pilot who flies the plane. There's that much of a difference," the Senior Chief said.

The Lighter Side of Life

Why I Want to be a Pilot

by Tommy Tyler,
5th Grade, Beaufort, S.C.

Editor's Note: If you have an amusing anecdote or hilarious joke to tell concerning your experience in the Navy, share it with us and our readers. The NORWESTER will publish your contribution provided it's in good taste. Our office is located on the second floor of Bldg. 38 where Special Services is also housed, or you can give us a call at ext. 6017.

When I grow up I want to be a pilot because it's a fun job and easy to do. That's why there are so many pilots flying around these days.

Pilots don't need much school, they just have to learn to read numbers so they can read their

instruments. I guess they should be able to read road maps, too, so they can find their way if they get lost.

Pilots should be brave so they won't get scared if it's foggy and they can't see, or if a wing or motor falls off they should stay calm so they'll know what to do. Pilots have to have good eyes to see through clouds, and they can't be afraid of thunder or lightning because they are so much closer to them than we are.

CPOs sponsor egg hunt

Eggs of all colors, stuffed toys, gift certificates to Toys 'R' Us, cotton candy and balloons, and fun for everyone, are being promised by the chief petty officers of Oak Knoll when the CPO Association sponsors its annual egg hunt Saturday morning April 2.

The search will begin promptly at 10 a.m. on the softball diamonds adjacent to the picnic area. There will be roped off hunting sections for the infants to 5-year-olds, 6- to 9-year-olds and an area for the 10- to 15-year-olds respectively.

Eggs will be marked with the numerals "1," "2" and "3" and randomly scattered with other eggs placed in each age-group hunting section. Youngsters collecting the numbered eggs will be awarded

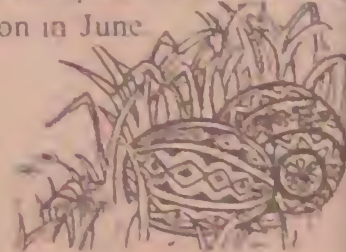
The salary pilots make is another thing I like. They make more money than they know what to do with it. This is because most people think that plane flying is dangerous, except pilots don't because they know how easy it is.

I hope I don't get air-sick because I get car-sick and if I get air-sick I couldn't be a pilot, and then I would have to go to work.

Reprinted from The Golden Eagle,
NAS Lemoore, Mar. 11, 1988

prizes. In the infant through 5-year-old category, the children with eggs numbered "1," "2" and "3" respectively will be awarded stuffed toy prizes. In the other two age groups, the youths with the two number "1" eggs will gain \$15 gift certificates for Toys 'R' Us. Kids with the number "2" and "3" eggs will be presented \$10 gift certificates for Toys 'R' Us.

The CPO Association will be selling cotton candy and balloons at the hunt with proceeds going toward the Hospital Corps Birthday celebration in June.



EASTER SUNDAY

The Easter Bunny Is Coming!

And he would like you and yours to join him at the Oak Knoll Officers' Club for a buffet-style brunch, where the O'Club chef will offer a wonderful assortment of meats, salads, potatoes, and baskets of fresh fruit, pastries and fruit juices. Champagne will be available for adults.

When you've eaten all you can and you just can't eat any more, join the Easter Bunny in the courtyard for the annual egg hunt.

If you plan to attend, and Mr. Bunny sure hopes you will, please make your reservations as soon as possible by calling the Officers' Club at

633-6400, 6401 or 6402

Reservations are a must, and must be made no later than March 30. To allow the O'Club staff time to staff and prepare, Mr. Bunny requests that you make reservations early.

Hope to see you there!

Prices: \$9.95/Adults, \$4.4-12 yrs., Under 4/Free
10am-2pm, April 3, 1988

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Navy Meritorious Service Medal
Capt Robert W. Matthias, CHC

Navy Commendation Medal
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Capt John B. Glass, NC
Cmdr Jerry A. Foster, MSC
Lt Claire M. Pagliara, NC

Navy Achievement Medal
JG1 Tammy S. Begasse
MSC Warren Cadiente
HM3 Richard Cunningham
Lt Dennis S. Kumata
HM3 Syed F. Madjlessi
HMCS Michael P. Mahoney
HMC Frederick W. Schenker

Good Conduct Medals
HM3 Timothy A. Bunch
HM3 Jody Gassen
HM3 Virginia E. Goodwin
HM3 Bryan R. Nutter
HM3 Michelle A. Sakalas

Civilians
Length of Service
Mr John T. Lewis
Ms Margaret M. Paulson
Ms Jane A. Schwab

NAVHOSP OAK HARBOR

Letters of Commendation
HM1 Alan Kuttner
HM1 Michael Moore
HM1 James Carpenter
HM1 Walter Racutt

Letter of Appreciation
Lt.j.g. Bryan Sauers

Civilian
of
Quarter

Robert Chaloux (right photo) has been selected Civilian of the Quarter at Naval Hospital, Oak Harbor. He was cited for his sustained superior performance in the Patient Administration Department where he serves as the check-in/check-out records clerk for active duty personnel.



Captain John P. Grisham (right, in photo above), DC, Executive Officer, Naval Dental Clinic, Bremerton, is awarded the Navy Commendation Medal by Captain R.H. Harper, DC, Commanding Officer, Naval Dental Clinic, Bremerton. Capt. Grisham received the medal for meritorious service as Branch Director, Naval Dental Clinic, Great Lakes, Ill., October 1983 to January 1988.



Senior
SOQ

Hospital Corpsman 2nd Class Robert Parrot (right photo) is Naval Hospital, Oak Harbor's Senior Sailor of the Quarter. HM2 Parrot is assigned to the Patient Administration Department where he is leading petty officer of the Personnel Services Section. He handles patient complaints and coordinates submission of medical disability evaluation boards and the monthly morbidity summary for more than 7,000 patient contacts.



Military pay: some taxed, some not

Because there are exemptions on certain military payments, there is confusion in the minds of some service members as to what is taxable and what is exempt.

To set the record straight, here's the difference:

Taxable income includes:

- Active duty pay;
- Reserve training pay;
- Reenlistment bonus;
- Service academy pay;
- Amounts received by retired personnel serving as instructors in Junior ROTC programs;

- Lump-sum payments upon separation or release to inactive duty; and
- Military retirement pay based on age or length of service.

The following are items not taxable:

- Quarters allowance or variable housing allowance;
- Subsistence allowance;
- Station housing allowance;
- Cost-of-living allowance;
- Moving and storage expenses provided in kind or reimbursements for actual expenses for

permanent-change-of-station moves.

- Benefits under Servicemen's Group Life Insurance;
- Death gratuity benefits;
- Forfeited pay, but not fines;
- Certain disability retirement pensions; and
- Veterans Administration benefits, including VA insurance dividends.

There are experts to help you with every tax problem, at both the federal and state levels.

Wisdom teeth words of wisdom

by Dr. M. P. Haglund,
Branch Medical Clinic,
Mare Island

Your wisdom teeth — or third molars — are the last teeth to emerge from your gums during your late teens, or "age of wisdom," which gives them their name. But wisdom teeth aren't really so wise. They often become impacted or trapped in the jawbone and gums and fail to erupt, or emerge, as straight and fully functioning teeth.

Impacted wisdom teeth nearly always have to be removed, a

procedure that is performed either by a dentist or by an oral and maxillofacial surgeon.

Why do we have wisdom teeth at all if they have to be removed so often? Very simply, because human beings once had tougher diets, and they needed larger jaws and more teeth to chew their food. But as time progressed, our diets became softer and more refined. Because we no longer needed large jaws for strenuous chewing, they failed to develop, leaving little room for the third molars. Today, there are some adults who never develop wisdom teeth, and perhaps in the distant

future we won't have to worry about them at all.

Before you reach adulthood, the roots of your teeth are not totally formed and the surrounding bone is softer, so there is less chance of damaging nerves and other nearby structures during surgery. The operation itself also may be more difficult as you get older, when risks are greater and healing is slower. If you wait until your wisdom teeth cause you trouble, you may have to be treated for complications, such as infection, before they can be removed.

Aspiring Seabee hits paydirt with outstanding work

by JOC Mike McGougan

When Seaman Randy Cerny reported for duty on the headquarters staff of Naval Medical Command Northwest Region in the fall 1986, he hadn't envisioned himself embarked on a career in Navy medicine.

Like more than 200 non-medical personnel assigned during this time-frame to the Northwest Region's deployable medical system, commonly referred to as "DEPMEDS," SN Cerny wondered how he might fit into the Navy Medicine scheme of things when not required to go to sea aboard the hospital ship USNS Mercy.

He soon found himself sitting behind a computer in the region's Management Information Department. All the while, SN Cerny wanted to be sitting in the driver's seat of a bulldozer pushing dirt around to make molehills out of mountains so to speak instead of pushing keys on a computer.

But the 29-year-old aspiring Seabee didn't complain about his situation although there were times while he was learning computer operations that "getting through the day without putting my fist through the monitor screen was

indeed challenging," he said kiddingly.

"The people I work for in the Management Information Department are very professional and patient when it comes to answering questions and helping me solve problems that pertain to my job," SN Cerny related. "In fact, I think it's one of the nicest places I've ever worked because of the people."

A sound technician for a touring contemporary rock 'n' roll band prior to joining the Navy in July 1986, SN Cerny put forth his best effort in his job and became proficient because "the people I work with take the time to explain the things I don't understand and, no matter how long it takes, they'll work with me until I do understand."

SN Cerny is responsible for maintaining the payroll management data base, OPTAR/requisition tracking system and the AEGIS inventory system. He also assists the department in processing microcomputer shipments throughout the region.

SN Cerny became so proficient in his duties from Oct. 27, 1986, to Nov. 20, 1987, that he was recently awarded a Navy Achievement

Medal.

He was cited for "personally initiating and implementing an automated inventory of microcomputer equipment throughout the geographical command that permitted the correct allocation of equipment to the 40 subordinate medical and dental commands. His innovativeness in implementing automated record-keeping of civilian employee salaries, overtime and merit pay greatly enhanced the efficiency of the command's payroll functions. His resourcefulness and analytical approach to taskings significantly improved the administrative functions of the echelon three headquarters command."

"You have to understand that a lot of people in this department had an awful lot to do with the implementation of an automated inventory of microcomputer equipment throughout the GeoCom," SN Cerny emphasized about the work he accomplished that earned him the medal. "I got recognized for doing my part. I was just trying to do a good job, and somebody noticed!"

SN Cerny's outstanding efforts have been noticed outside the

GeoCom too.

He had an opportunity to discuss his career ambitions with the equipment operator (EO) detailer during a recent visit to the Bay Area. The detailer took SN Cerny's package, outlining his qualifications for and preparations made to enter the EO rating, back to Washington with a promise to seek an "A" school quota for him.

SN Cerny learned last week that he had hit paydirt in his quest to

become an equipment operator with the Seabees. He has been granted an EO "A" school quota.

In May, he will transfer to the Construction Battalion Center in Port Hueneme, Calif., to begin his EO "A" school training. He will be in the driver's seat in fulfilling his Navy career ambitions.

For SN Cerny, determination, perseverance, and willingness to make the best of every situation have paid big dividends.



Seaman Randy Cerny checks data on a computer in the Northwest Region Management Information Department. (Photo by JO1 Dan Gulam)



Bunny run tomorrow

The Special Services of Naval Medical Command, Northwest Region will sponsor a five kilometer (over 3 miles) fun run tomorrow in celebration of Easter.

Interested runners are requested to assemble in front of the base swimming pool at 9:30 a.m. for what the organizing committee dubbed as the "1988 Bunny Run."

Military personnel and their dependents, in addition to federal government employees, can sign up for a \$5 entry fee. There's no age limit but there'll be only two divisions at stake, Men's and Women's. "T" shirts will be provided for all entrants, and there will be prizes for 1st and 2nd places in the Men's and Women's divisions.

To sign up, or to obtain more details, contact SH3 Billie Jo Tarker at 633-6015, Special Services, 2nd deck, building 38. Late comers, she said, will be permitted to sign up on the day of the race between 8:45 and 9:15 a.m.

Golf team meeting Monday

An organizational meeting for any active duty personnel interested in forming a Varsity Golf Team at Oak Knoll will be held on Monday March 28 at 4:30 p.m. Topics to be discussed during the meeting besides team registration include practice rounds and shootouts for future golfing events.

Interested personnel are asked to contact Hospitalman Brian Baker at 633-5217 for more details. He will represent the command during an all golf team captains' meeting on April 4 at Mare Island aimed at laying the ground rules and by-laws for a regional tournament.

HN Baker says he needs at least eight dependable golfers or as many as he can muster for a winning team. "Low handicappers as well as good handicappers are welcome."

Intramural Softball

Lieutenant Commander Larry Kilgore will coach the NWREG GEOCOM Headquarters Softball Team. The season will commence in late April/early May. Practice is being held on Monday, Wednesday and Friday 11:30 a.m. to 12:30 p.m. For further information, contact Lt. Cmdr. Kilgore at 6200, ext. 79, or HA Mitchell at ext. 80.

Sports Round-up Fil-Ams volleyball streak intact

With a winning streak of 11 straight wins and no losses in the regular volleyball tournament, the Fil-Ams predictably clinched an easy victory over another strong opponent, the Bangers, highlighting the final match in the playoffs of the 1987-88 Intramural Volleyball Championship.

"I had well-motivated people on my team that worked together and did exactly what they were told to do," said Hospital Corpsman 1st Class Benjamin Adona, the team's head coach and captain. "They

were determined to win, and we did. the intramural title last year.

"We never lost our composure if we got beaten in the first round; instead we got back on our feet and did our usual best," he said. "In most matches, we set up the phase and control of the ball to our advantage. Team members were good at that."

This year's victory for the Fil-Ams have added another laurel to their competitiveness. The team remains unbeatable since capturing

Members of the team besides HMI Adona include Ensign. William Whoolery; Chief Petty Officers Ovidio Piega and Reden Infante; Petty Officer 1st Class Charles Stewart; Petty Officers 2nd Class Martin Carongcong and Michael Humphrey; Hospitalmen Angelito Binas, Rowel Cannu; Seamen Timothy Link and Kelly Zandonatti; and Mr. Chris Enriques, a civilian from the base disbursing office.

TEAM STANDINGS OAK KNOLL 1987-88 INTRAMURAL VOLLEYBALL LEAGUE

TEAM	W	L
Fil/Ams	11	0
Bangers	9	2
Med Repair	9	2
Suds Busters	8	3
O.R.	6	5
PMT School	5	6
O.R. School	5	6
Supply	4	7
P.T.	4	7
Maternal Child	2	9
OB/GYN	1	10
Code Busters	0	11

The Fil-Ams had won 3-0 in the playoffs, Bangers and Medical Repair 2-1, Suds Busters 1-2.

THINK SAFETY OR...

A civilian worker carrying boxes to new office, tripped over desktop organizer sitting in middle of floor. Cut shin that required 10 stitches.

Douglas MEDCOM SOY

continued from front page

stands head and shoulders above all the others, he was selected for the honor because he typifies what the Navy Medical Department is: dedicated, professional and caring."

Helen Cupper of the Oakland Chapter of the Navy League presented AT1 Douglas a plaque and a check for \$50 on behalf of the members of the organization she represented.

Mel Wall of the Oakland Chamber of Commerce gave AT1 Douglas a proclamation and a bottle of California table wine on behalf of his organization's Military Affairs Committee.

Ollie Green of the Bay Area's chapter of the Non-Commissioned Officers' Association saluted AT1 Douglas with presentation of a certificate of appreciation and a year's free membership in the organization.

"It is a great honor to represent Naval Hospital, Oak Harbor and the Northwest Region," Petty Officer Douglas commented during the luncheon. "I would like to thank my command and the region."

Sailor of
the Year
AT1
Lawrence
Douglas
dives into
his job at
Oak Harbor.
The accom-
plished diver
naturally
enjoys water
sports dur-
ing his off-
duty time.

(Photo by
JO2 George
Hammond)



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NORWESTER

April 8, 1988

Volume III Number 7

The Voice of the Naval Medical Command, Northwest Region



Month of military child

April is the month of the Military Child. In celebration of this event, various activities designed to promote the health and welfare of military children are lined up throughout the Naval Medical Command, Northwest Region. See your local Family Service Center.

Ball new SECNAV

William L. Ball III was sworn in as the 67th Secretary of the Navy in an informal ceremony at the Naval Academy March 24. Sec. Ball was confirmed by a unanimous Senate vote March 23.

The 39-year-old former chief congressional lobbyist of President Reagan succeeded the outspoken James H. Webb who resigned late in February after severely criticizing Defense Secretary Frank C. Carlucci's leadership ability and

his demands that the Navy cut its budget.

Sec. Ball served as an assistant for legislative affairs during Webb's short tenure as Secretary of the Navy. He also has served as principal aide to former Senators Herman Talmage, D-Ga., and John G. Tower, R-Texas, and is considered an effective and pragmatic White House liaison.

Sec. Ball worked closely with Carlucci when the latter was the

President's National Security Adviser.

According to White House and congressional sources, he was chosen for the Navy post largely because of his reputation as a team player.

"He approaches the job as serving his boss, not pushing his own agenda," said Jim Whitinghill, Deputy Chief of Staff to Senate Minority Floor Leader Bob Dole, R-Kan.

Leave, Earnings statement simplified

Having a hard time trying to understand your Leave and Earnings Statement (LES)? Well, you're not alone, and good news is coming April 15: a new LES, simplified and easy to understand, will be in store for you.

You no longer need to be a rocket scientist to figure out your own pay and allowances with the advent of the new LES, according to the Navy Accounting and Finance Center.

No wonder the upcoming switch is greeted with relief and enthusiasm by disbursing clerks and

civilian paymasters at Oakland Personnel Support Detachment, who often consume a lot of man-hours entertaining questions concerning the current LES.

The new format was designed with fleet input to help everyone understand his or her military pay. The current LES Form has remained essentially the same since 1976.

The BAS (Basic Allowance for Subsistence) section seems to be the problem area with the current LES," said Disbursing Clerk 1st Class Eduardo Gigante. "Many do

not know what their entitlements are. Also, Block 57 poses a problem. It deals with the subject member's pay forecast and it's never constant.

"The new LES is printed clearly," he continued. "One side contains pay entitlements while the opposite side lists all allotments and deductions.

"Basically, both old and new LES Forms have the same information. I think it's the layout and how facts are presented in the new LES

Continued on page 10

NAVHOSP Oak Harbor impresses Adm. Lichtman

On a recent familiarization tour of Naval Hospital, Oak Harbor, Rear Admiral David Lichtman, Commander, Naval Medical Command, Northwest Region, met with the hospital's officers, enlisted and civilian staff members and discussed pressing issues affecting the region. The hospital's Public Affairs Officer, Lieutenant Lee Cornforth, was also on hand and seized the occasion to interview the Admiral. What follows is the conversation between Lt. Cornforth and Rear Adm. Lichtman:

Lt. Cornforth: Having had the opportunity to visit several other Naval Hospitals in the Northwest Region, what is your impression of Naval Hospital, Oak Harbor?

Rear Adm. Lichtman: Given its size, Naval Hospital, Oak Harbor has a very dedicated and active staff that is fulfilling the needs of its constituents in a very productive manner. This is quite admirable given the available resources. Naval Hospital, Oak Harbor has a very good reputation. This was also relayed to me by Capt. Sehlin and Rear Adm. Meiz. There is no question the hospital is undersized based on what it needs to do—the pharmacy, radiology and laboratory are only a few examples of this I have observed. What impresses me most about this facility is its people. The staff seem to be happy to be here and morale is very good. I feel this is partly due to the location, but also due to the fine leadership of Capt. McDaniel (Commanding Officer) and Cmdr. Hughes (Executive Officer).

Lt. Cornforth: With the \$16.5 million hospital expansion project slated to begin here in a few months, do you foresee any significant increases in hospital personnel here over the next three years?

Rear Adm. Lichtman: There are two different issues here right now—manpower and space needs. There is no question that the hospital needs more people. The region is looking into the manpower needs of all Northwest Region medical facilities. Regarding the space issue, we

know the current space is not adequate to perform the given activities required right now. This need was recognized and the expansion will solve this issue.

Lt. Cornforth: What is your top priority as Commander Medical Command NW Region and how does Naval Hospital, Oak Harbor fit into this?

Rear Adm. Lichtman: As you know, my background is a practicing orthopedic physician, I recognize the need for top quality medical care. My priority for Naval Hospital, Oak Harbor as well as the entire Northwest Region medical command is to set the standard for top quality medical care. When we ask for more resources, I believe we must ask from a position of strength—showing that we can provide quality medical care to the fleet and community and get the job done. We must bargain from a position of strength and show that we are both good and needy. You are more likely to get more resources if you can demonstrate that you know how to effectively utilize them.

Lt. Cornforth: What is the message you would like to deliver to the several thousand military health care beneficiaries in our catchment area?

Rear Adm. Lichtman: The Navy leadership from Adm. Zimble (Surgeon General of the Navy) to Commanding Officer, Naval Hospital, Oak Harbor (Capt. William McDaniel) really understands that we need more and more support from Congress and the Department of the Defense to give the kind of health care our beneficiaries need and deserve. Nobody in the chain of command is complacent. They are constantly working for more support. I want our doctors to practice the best medicine possible. It's going to be a long and hard fight to get all the support we need, but I believe we will succeed.



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the Chaplain's Corner

by Capt. R. W. Matthias, CHC, USN

All of us in the readership of the NORWESTER are committed to the care of people, whether it be physical, emotional or spiritual. As caregivers, each one of us is involved in passing along the love which our creator God communicates to us so clearly during this sacred season of the year.

But how can we pass along that love to our families, our friends, our patients, if we do not first possess it ourselves? What gets in the way is our sense of inadequacy, or individual failure along the way toward our goals. This is perhaps more true of professionals than others, but it is particularly true of clergy.

Arndt Halvorson spoke to preachers when he said, "We do our best preaching out of our weakness." Those words apply to all, for we do our best medicine, our best caring, our best nursing, our best ministry when we know ourselves, our limitations and weaknesses. But more importantly, we do our best when we know Him from whom our strength really comes.

Like Paul, we are reminded by our Lord, "My grace is sufficient for you, for my power is made perfect in weakness." This is also the message of both Easter and Passover. From suffering, anxiety, pain and dying experience, we discover life and the ability to love, bringing life and meaning of life to others. For out of our inadequacy do we discover that God's grace is sufficient for us. We only need to lay claim to that grace, but more importantly, to that God of grace, mercy and love.

Up close



Editor's Note: This issue of the NORWESTER marks the debut of "Up Close," a short personality feature column designed to showcase the interesting variety of people for which the Northwest Region is known. Individuals spotlighted are selected at random.

Name and Rank/Title: Lieutenant Scott A. Trezza, MC, USN

Command: Naval Hospital, Oakland

Workcenter: Anesthesiology Department

Job Description: Resident — First Year

The most significant part of my job is: working as independently as possible for my level of training.

Without my skills and expertise, my division wouldn't be able to: My absence would only create a shortage of bad jokes and good doughnuts at morning conferences.

Hometown: Valley Forge, Pa. — My house is about one mile from Washington's headquarters.

Hobbies: Snorkeling, sailing, physical fitness, classical music, opera, singing, hacking on my MacIntosh and finding "undiscovered" restaurants.

Likes: Travel, Hawaii, operational medicine, interacting with different cultures, different cuisines.

Dislikes: Bay Area traffic jams

Role model/Heroes: My father — he showed me the benefits of hard work and perseverance.

If I could do it over again, I'd: Probably do it the same way. I've been very lucky, the Navy's been good to me and good for me. I got my first choice of training programs for both internship and residency. My tour as a flight surgeon gave me a chance to see isolated duties on Adak and Diego Garcia, plus a year at home in Hawaii. The experience and professional maturation I gained during my operational tour was immense. Things are very different when you are the last word in medicine and your nearest hospital is 10 hours away by air. I wouldn't trade that for anything.

I wish I could stop: There's really nothing I'd stop right now. I don't smoke, don't drink, and I'm usually too tired to chase women. And I go to church every Sunday.

I respect myself for: Honesty and dedication to duty.

My immediate goal is: Finish my residency, then . . . ??? I'd love a chance to function as both anesthesiologist and flight surgeon. I miss the aviation community.

Women's billets opening

by Evelyn D. Harris
American Forces Information Service

The military services could open some 13,500 new billets to military women as a result of recent decisions made by Secretary of Defense Frank C. Carlucci.

David J. Armor, principal deputy assistant secretary of defense for force management and personnel, announced the opening of the jobs as well as other policy initiatives during a news conference at which a task force report on women in the military was released.

Carlucci accepted the task force's recommendations to allow Marine Corps women to serve as embassy guards. Also, Air Force women can serve in heavy engineering jobs in the Red Horse and Mobile Aerial Port squadrons. He also endorsed the Navy's decision to open some 9,600 new jobs on crews of landbased EP-3 reconnaissance aircraft and combat

logistics ships to women. About 2,600 Air Force billets and 1,300 Marine Corps billets are involved.

The Army had already opened its heavy engineering jobs to women and was not asked to open any specific areas to them. However, Carlucci ordered the Army to review its combat-risk rule to see if it could open more job specialties.

DoD also asked the other services to apply a risk rule to evaluate which jobs to open to women. According to the combat-risk rule, the task-force report stated, "Non-combat units can be closed to women on grounds of risk of exposure to direct combat, hostile fire, or capture, provided that the type, degree and duration of risk is equal to or greater than that experienced by associated combat units (of similar land, sea or air type) in the same theater of operations."

The task force began its work in October 1987 following a Defense Advisory Committee on Women in the Services, or DACOWITS,

report alleging sexual harassment in the Navy and Marine Corps. And, Armor said, the task force found that sexual harassment remains a problem in all services.

To remedy that, Carlucci ordered the military departments to reaffirm policies against sexual harassment and to hold the entire chain of command accountable for enforcing those policies. He also told the services to have backup reporting systems for women to use when they believe their commander is not responding to their complaints.

Carlucci also called for improved education and training programs to stop sexual harassment. In addition, he backed the task force's recommendations to improve leadership development for women officers and review assignment policies to improve the use of women officers. Finally, he asked that obstetrical and gynecological care for military women be more available.

Survey reveals NEX savings

The Navy Resale and Services Support Office recently completed its routine retail comparison surveys in order to evaluate mission performance of exchange operations in terms of savings passed along to authorized customers.

Erhart-Babic, an independent market research company commissioned by the Navy to conduct the survey indicated that percent savings in CONUS (Continental United States) exchanges amounted to an average of 20.7 percent.

The following statistics are based upon surveys conducted at eight CONUS Navy exchange locations. The number of different items

priced at each exchange location totaled 300. Uniform accessories were not included in the surveys. State and local retail sales taxes were included in commercial prices reported.

SUBASE Bangor, Wash.	24.0
SUBASE New London, Conn.	19.6
NAS Jacksonville, FL	21.4
NAS Alameda, Calif.	35.5
NAB Little Creek, Va.	17.7
NTC Great Lakes, Ill.	18.9
NAS Memphis, Tenn.	15.1
NAVSTA San Diego, Calif.	23.4

The above figures represent percent savings in Navy exchanges when compared to cost of average commercial purchases.

Candy and confections	14.3
Tobacco and smoking accessories	22.8
Convenience food products	10.6
Beverages	21.3
Cameras and photographic accessories	13.4
Home furnishings/housewares	24.4
Sporting goods	16.2
Electrical appliances	15.8
Consumer electronics and musical instruments	14.1

The above figures represent percent savings in CONUS Navy exchanges by department when compared to cost of average commercial purchases.

Weinberger affirms support to spouses

By Sgt. Maj. Rudi Williams, USA

One of former Secretary of Defense Caspar Weinberger's final actions before resigning was signing a memorandum to the service secretaries affirming the right of military spouses to work, attend school or serve as volunteers without interference from commanders.

Weinberger's memorandum of Oct. 22 was prompted by Department of Defense efforts to improve job opportunities for spouses and by reports of resistance to spouse employment at some military bases.

"The policy of the Department of Defense is that no commander, supervisor nor other DOD official will, directly or indirectly, impede or otherwise interfere with the

right of every military spouse to decide whether to pursue and hold a job, to attend school, or to serve on a volunteer basis (either on or off a military installation)," said Weinberger in the memorandum.

The decision whether to work outside the home, to be a homemaker or to perform volunteer services belongs to the spouse alone, the edict stated.

Weinberger noted that whatever spouses choose to do should not be held against the service member. "No military member will be adversely rated or suffer any adverse consequences from the decision of the member's spouse . . . nor shall a spouse's employment be a consideration in either assignments or promotions," said the memorandum.

"Military spouses have a proud heritage of volunteer assistance to their military and civilian communities," Weinberger said in lauding spouses for enhancing the quality of life in their communities through "their contributions in clubs, emergency aid agencies, and other family support activities."

We welcome and encourage their service."

Weinberger also acknowledged that increasing numbers of military spouses are seeking full- or part-time employment, and cited their contribution to the morale of military members. "They contribute to the financial well-being of their

families, often gain a sense of accomplishment, and forge links at their workplaces, whether they work in the government or the private sector," Weinberger said.

Secretary of the Navy James H. Webb Jr. signed a Navywide message Dec. 15 supporting the Defense policy and directing that it "be adhered to without exception throughout the Department of the Navy."

Webb also expressed his appreciation of "the contribution of Navy and Marine Corps spouses to family morale and financial well-being and their role in the community."



NORWESTER

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X-Ray School Graduates 24

Twenty-four students of Basic X-Ray School, Class 88-002, graduated March 25 in ceremonies held at the Clinical Assembly of Naval Hospital, Oakland.

The graduates and their next duty stations are:

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Groton, Ct.

HM3 Jeffrey O. Canton
Naval Hospital
Bethesda, Md.

HA Christopher J. Caputo
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Bethesda, Md.

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USS Cleveland (LPD-7)
HP, San Diego, Ca.

*HM3 Cornelius D. Carlton
USS Mount Whitney (LCC-20)
HP, Norfolk, Va.

HM3 Michael G. Connelly
Nval Hospital
Okinawa, Japan

HN Peter B. Dangos
Naval Medical Clinic
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HM3 David A. Evans
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*HM3 Amorsolo D. Fernando
USS Kansas City (AOR-3)
HP, Oakland, Ca.

HM3 Jody A. Gassen
USS El Paso (LKA-117)
HP, Norfolk, Va.

HN Timothy Hagood
Naval Hospital
Pensacola, Fl.

*HN Susan G. Henke
Naval Air Facility
Washington, D.C.

*HM3 Daniel Hunt
USS Denver (LPD-9)
HP, San Diego, Ca.

*HM3 Silverio A. Lopez
Naval Hospital
Camp Lejeune, N.C.

HS3 Joseph J. Murphy
USCG Support Center
Elizabeth City, N.J.

*HM3 Kenneth D. Owens
Naval Hospital
Camp Lejeune, N.C.

HM3 Philip S. Pollard
Mobile Construction Battalion-4
Port Hueneme, Ca.

**HN Charles A. Richardt
Naval Hospital
Groton, Ct.

HM3 Virgil P. Smith
Naval Hospital
Camp Pendleton, Ca.

*HM3 Karla M. Sullivan
Naval Hospital
Newport, R.I.

HN Philip A. Weidman
Naval Hospital
Philadelphia, Pa.

*HN James D. Williams
3D FSSG FMFPAC
Okinawa, Japan

**HM3 Kevin G. Wilson
3D FSSG FMFPAC
Okinawa, Japan

*HM3 Donna Hunsucker
Naval Medical Clinic
Quantico, Va.

(*) Denotes graduation with HONORS

(**) Denotes graduation with HONORS and DISTINCTION

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NAVHOSP OAK HARBOR

Letters of Appreciation
HM1 H. Buehler
HM3 T. Hidde

NAVAL DENTAL CLINIC,
SAN FRANCISCO
Navy Commendation Medal
Lt. A. W. Fox

Navy Achievement Medal
Lt. Cmdr M. F. McNamara
DN M. A. Mangum

Letters of Appreciation
Lt. Cmdr M. B. Reynolds
Lt. M. P. Welton
Lt. Diana A. Jelen

DT3 E. McKrill
DT3 J. B. Imperial
DA M. J. Palermo
Mrs. G. Stone



Captain John Bouvier (right), Executive Officer of Naval Hospital, Oakland presents Letter of Commendation to Lieutenant Commander Diane Capri-Dowdy (left), accepting the award on behalf of all the members of Naval Hospital, Oakland Reserve Detachment 220. Letters of Commendation were presented to all the Naval Reserve medical units affiliated with Naval Hospital, Oakland by Capt. Bouvier during a recent ceremony to recognize the outstanding support given to the Oak Knoll facility by Reserve medical and dental personnel. Naval Reserve units and their personnel honored included, in addition to NHO 220, NHO 120, 320, 420, 620, 720 and 920; NAVMEDCOM NWREG 530, 540, 550 and 560; and CMCHS/NDMS 120. (Photo by JOC Mike McGougan)

Accidentally funny

Editor's Note: The following accident briefs make for comical reading but the pain and suffering is just the opposite. All of the situations are absolutely true. Injury reports are on file to prove it.

"Gonna keep my frisbee out of trees." Sport climbed tree to get frisbee. Fell from 8 feet up. Broken kneecap.

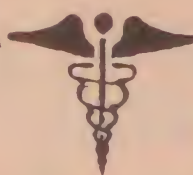
"Next time I unhook a catfish gonna wear gloves." Fisherman retrieving hook from catfish mouth. Catfish finned him. Infection put him in hospital.

"No more swabs in ears." Seaman showered and shampooed. Got soap and water in ears. Put cotton swab in each ear. Chill of spray deodorants made him jerk hand toward head. Ruptured eardrum.

"Gonna quit messing with lighter fluid." Man put lighter fluid in 5 gallon bottle. Lit it off for special lighting effect. Bottle exploded. Glass cut him.

"Gonna be more careful who's in the foursome." Golfer hit in mouth with club swung by another player taking practice swing. Number eight tooth broken off at gum; number nine chipped.

Regardless of the task, always be alert. Don't be ACCIDENTALLY FUNNY.



Lighter Side of Life

What is a Caduceus: — One side of a telephone conversation heard by SHSN Robin Brannon, Medical Clinics Command, San Francisco.

Excuse me sir, I mean Master Chief, but I've been wondering what that thing on your rating badge meant. That thing with the two snakes twisted looking at each other and stuck to the flag pole with a pair of wings.

A what? Katwoses, did I say that wrong?

Oh, a Cadaceus. Wow! It sounds like a dead person's body. In what part of the world does that weird word come from?

Greek Methods, oh! I said that wrong too?

Greek Mythology, I see. It figures. But I still wanna know what it stands for Master Chief. I see you're a Core Man. Does that mean you're from an apple core?

A hospital corpsman. I see, so you're a doctor. Not necessarily, well then what? If you're in the medical field, why don't you have a scalpel and a pair of gloves on your rating badge then?

I get it now, the flag pole (staff) stands for wisdom or knowledge. The two twisted snakes represent healing properties or antidotes, and the pair of wings symbolizes gifts from the gods.

Now this cabakiss, shoot. I mean Caduceus — it makes sense to me now. Why do those Greece people have to make things so difficult? I mean, those Greek philosophers. Why can't they just have made a sign of a cross with a scalpel on it?

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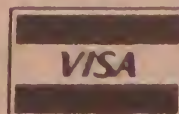
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Eastern State Hospital

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To request appropriate application and position information, applicants should contact the offices listed below:

Military Sealift Command, Atlantic
Military Ocean Terminal, Bldg. 42
Attn: L-2214
Bayonne, NJ 07002-5399
(201) 823-6569

Military Sealift Command, Pacific
Naval Supply Center, Bldg. 310
Attn: P-222
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MEDICAL Careers

Dynamic duo SOYs

by HM2 David Hessler
Navy Branch Clinic, Mare Island

Hospital Corpsman 2nd Class Karen L. Sievert was justifiably proud last September when her husband, Machinist's Mate 1st Class Vince Sievert, was selected Sailor of the Quarter at his command. Also, imagine his surprise when she phoned to tell him of her selection as Navy Branch Medical Clinic, Mare Island's Sailor of the Quarter.

But that wasn't the end of the excitement in the Sievert family. Karen was later selected as Sailor of the Year for the clinic just one day prior to Vince receiving the same honor at his command. And earlier this year, Karen was chosen to represent her parent command, Navy Medical Clinic, San Francisco, in the Sailor of the Year nomination for the Naval Medical Command, Northwest Region. Vince also had the same luck. He competed for Sailor of the Year honors for Submarine Development Group One, Mare Island.

Obviously Karen and Vince are a couple of very squared away, professional sailors. Karen is the senior technician in the laboratory department at the clinic. She also is tasked with many collateral duties such as command PRT coordinator, Equal Opportunity petty officer, president of the Recreation Committee as well as several others.

"In each of her many hats Karen always demonstrates exceptional talent and dedication," said one of her contemporaries. "Perhaps one of her greatest assets is her fun loving, easy-going, but always professional attitude. Though not a quality that often gets very much recognition, it's definitely one that is very valuable to every command."

"Her sunny outlook in life has definitely made HM2 Sievert one of the most respected and admired sailors by everyone in the clinic," quipped another of her shipmates.

"I'm very flattered," said Karen when asked what she thought of



her selection, "but I feel this honor is one that should be shared by the entire clinic because so many people here deserve it."

Vince, on the other hand, is a mechanic for an ocean engineering system, and is stationed at Sub-

marine Development Group One, Mare Island, from which he deploys on a regular basis.

The Sieverts were honored at separate presentation ceremonies, and again at a combined command luncheon.

Physicians must certify abortions

Physicians who perform abortions on CHAMPUS patients will now have to certify in writing that the abortion was induced because the patient's life would have been endangered if the fetus had been carried to term.

The certification from the attending physician is required before the CHAMPUS claims processors will share the cost of medical services and supplies related to the abortion. In the certification, the physician must specify the life-threatening condition that makes the abortion necessary. The conditions which may be covered include: certain malignancies, such as leukemia and breast cancer; kidney failure; congestive heart failure; severe heart disease; uncontrolled diabetes; and several others.

CHAMPUS is prohibited by law from paying for abortions except where the life of the mother would be endangered if the pregnancy were continued.

Tax deadline: April 15



**"Here's a break...
a tax break"**

If you've got tax questions, you can get the answers by calling the IRS Tele-Tax service, a recorded information service on about 150 topics. The phone number is in your tax package and telephone directory.

TAX TIP
A Public Service of the IRS

Many delays in processing federal income tax returns could be avoided if taxpayers used the labels and envelopes that accompany their tax packages.

The peel-off label, which contains the taxpayer's name, address and Social Security number, expedites accurate processing at IRS service centers to avoid delaying a refund check.

The IRS advises taxpayers to use the label, even if corrections are necessary. For example, in the case of a change of address, the correction should be made directly on the label. Taxpayers who use a tax preparer need to furnish the peel-off label to the preparer.

One of the most common and troublesome errors that can be averted is listing an incorrect or illegible Social Security number. This is a major cause of delayed refund checks.

The coded, preaddressed envelope ensures that the return is sent to the proper IRS service center. Once the envelope reaches there, the coding ensures speedy entry into the processing system. Taxpayers should make sure they use the proper postage when mailing their returns, IRS adds.

Most returns require one first-class stamp; however, thicker returns, usually containing more than four items (i.e., Form 1040 and three attachments) require more postage. Returns that are sent back to taxpayers for additional postage will not be considered timely filed, even if they were originally mailed on April 15.

Postal rate hikes take effect

New postal rates took effect April 3.

The cost of a First-Class stamp now is \$0.25 for the first ounce and \$0.20 for each additional ounce. However, the Express Mail rate has been reduced to \$8.75 for the first pound. Priority Mail items weighing up to two pounds will remain unchanged at \$2.40. Other rates are as follows:

Letter Mail	
Postal Cards	\$0.15
Letter rate to Canada (up to one ounce)	\$0.30

Letter rate to Mexico (up to one ounce)	\$0.25
---	--------

International air letter rate (up to 1/2 ounce)	\$0.45
---	--------

Package Service	
Parcel Post	\$1.43 and up

Special Services	
Registered (for values up to \$25.00)	\$4.40 and up
Certified	\$0.85
Return Receipt	\$0.90
Insured Mail (for up to \$500 liability)	\$0.70 and up
The old "\$0.22" stamps, how-	

ever, can still be used by adding \$0.3 of additional postage to your letter. You can also add \$0.01 in postage to any \$0.14 postal cards you have. These stamps are available in sheets and coils.

If you prefer, you can use the new transitional "E" stamps that have no specific value on them. They will always be worth \$0.25 and can be used indefinitely, however, you should only use them for letters intended for delivery in the United States. Other stamps are available for international use.

PCS move expenses refundable

If you had a permanent-change-of-station (PCS), move during 1987, you might be able to get back some out-of-pocket expenses Uncle Sam didn't cover, if you itemize deductions.

PCS expenses are considered as a miscellaneous itemized deduction that is not subject to the 2 percent of adjusted gross income limit. You must file IRS form 3903, "Moving Expenses," and Form 1040.

PCS expenses that can be

claimed include:

- Additional insurance coverage on household goods en route;
- The cost of shipping the family pet;
- Charges for renting trailers, roof racks and other moving items;
- Extra expenses resulting from shipping your car overseas; and
- Added costs for exceeding your weight allowance.

All of the above may qualify as deductions, less any money the

government paid you for your move.

There is no limit on the amount you can claim for moving household goods and traveling to your new location. But there is a limit on how much you can deduct for pre-move travel and temporary lodging. Pre-move lodging costs and expenses incurred in buying or selling a house cannot exceed \$3,000; not more than \$1,500 of that can be used for a house-hunting trip and temporary lodging.

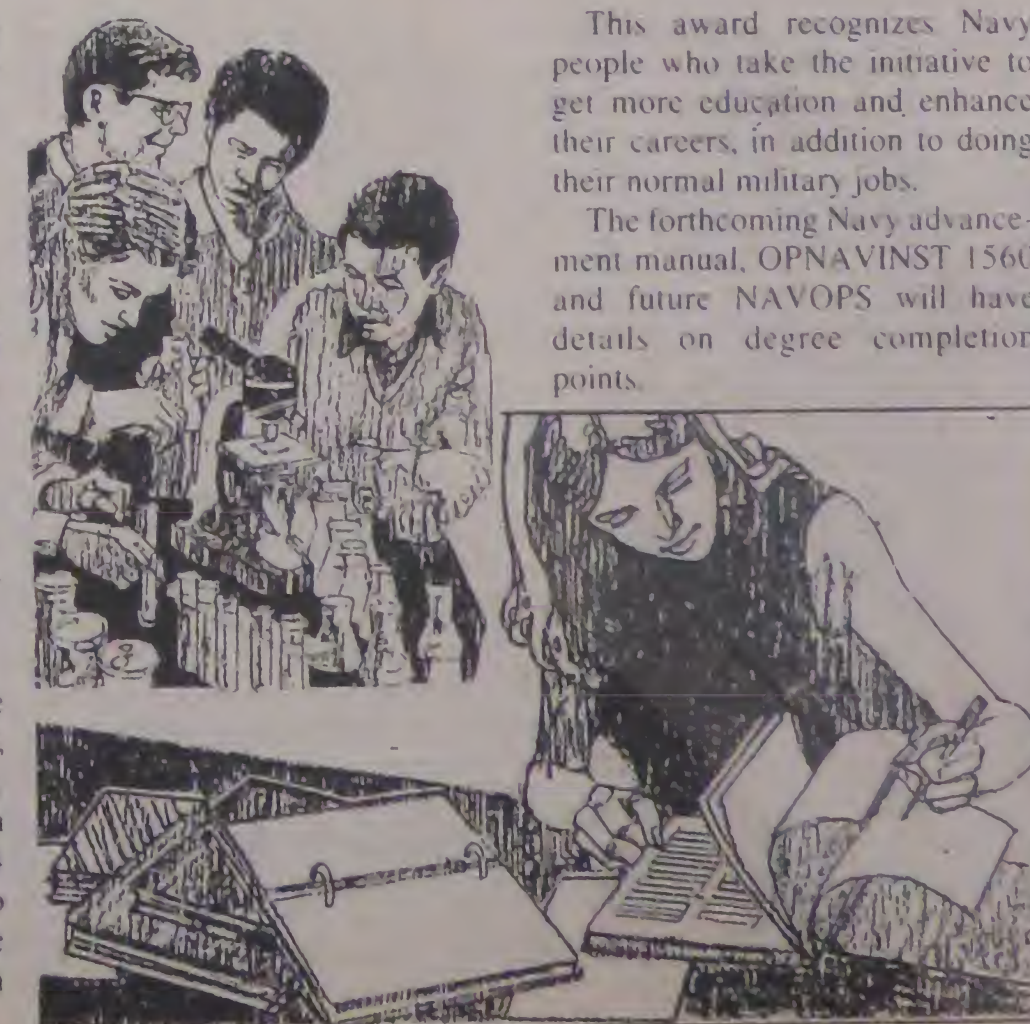
College degree boosts advancement

Sailors who earn college degrees on their own time will get some extra credit starting with this September's advancement cycle.

Those taking the E-4, E-5 or E-6 exam who earned degrees after joining the Navy will get an extra two points added to the final multiple score for an associate's degree and an extra four points for a bachelor's degree.

This only applies to sailors who completed degree work in their off-duty time.

The extra points, awarded in the new "degree completion" category, apply for one advancement only. For example, an E-3 with an associate's degree, taking the E-4 exam, can receive two points. To receive extra points on future exams he or she must earn a bachelor's degree.



This award recognizes Navy people who take the initiative to get more education and enhance their careers, in addition to doing their normal military jobs.

The forthcoming Navy advancement manual, OPNAVINST 1560 and future NAVOPS will have details on degree completion points.

military fights fat

Know your cholesterol level

October 1987, the U.S. government sent a message to the American people. Know your blood cholesterol level.

At that time, members of the National Cholesterol Education Program took on a tough job: convincing Americans over the age of 20 to have their cholesterol checked. Individuals with healthy blood cholesterol levels — below 200 milligrams — are urged to get tested every five years.

But there is one group of Americans they won't have to worry about: the 2 million men and women in the nation's armed services. Their cholesterol already checked at least once every five years. Members on flight status are checked more often. And Uncle Sam's concern doesn't stop testing. In fact, the services do a lot to keep blood pumping freely through unclogged arteries of service members and their dependents.

That means serving up meals that are tasty but low in fat content; educating military doctors in the best procedures to treat high cholesterol levels; and encouraging service members to meet high physical fitness standards. Research has shown that exercise helps regulate blood cholesterol.



But Army Capt. Janet Tingle, who chairs the DoD Nutrition Working Group, feels that the military can and will be doing even more. She and other military health promotion specialists are working toward that goal. Plans range from improving cholesterol testing procedures to beefed-up public education. A cornerstone of the education effort is to stress the link between a healthy diet, regular exercise and a healthy heart, according to Tingle.

For persons whose cholesterol levels place them at heightened risk of coronary disease, doctors will first recommend a "Step 1" diet — 30 percent of total calories

should come from fat, with no more than 10 percent of that as saturated fat. This may be followed by a stricter diet, if necessary.

Even though the military population tends to be in better health than the general public, the services try to serve meals with a fat content of 35 percent or less of total calories.

As for cholesterol, both military and civilian experts are evaluating the dietary intake of individuals and considering ways to lower that to the 300 milligrams per day recommended by the American Heart Association — little more than the cholesterol contained in one egg yolk.

CHAMPUS project chief appointed

Foundation Health Corporation, Sacramento, Calif., has appointed Charles Upton as the Chief Operating Officer for the organization's government division.

Upton will be directly responsible for the day-to-day operations of the CHAMPUS reform initiative project, a five-year, potentially \$1 billion contract awarded to Foundation Health Corporation by the Department of Defense earlier this year.

Under the contract, Foundation Health Corporation and a group of contractors will establish an innovative "managed care" system centered around 18 military treatment facilities in California and Hawaii.

This project is designed to enrich the breadth of coverage and the quality of health care service for military beneficiaries, while serving to contain the rising health care costs experienced by the govern-

ment.

The CHAMPUS program is scheduled to begin operation August 1, 1988.

CHAMPUS, which stands for "Civilian Health and Medical Program of the Uniformed Services," is the federal government's medical benefits program which generally covers dependents of active-duty personnel, military retirees and their dependents, and survivors of deceased military personnel.

Exceptionally qualified for the Chief Operating Officer, Upton most recently served as the Director of Health Services Administration at the Corporate Headquarters for the Strategic Air Command on Offutt Air Force Base in Nebraska. In this position, he was responsible for the performance of 24 hospitals and one clinic with a combined annual budget of \$132 million and staff in excess of 8,000. His management expertise has been demon-



strated in the areas of planning and operations, health policy, medical systems, finance, contracting, staffing and management analysis.

Having also served as the Chief Executive Officer of four military hospitals and the Deputy Director of Education and Health Care Support for the Aerospace Medical Division of Brooks Air Force Base in Texas, Upton is uniquely suited to lead the CHAMPUS program.

Continues on page 10

Knee pains explained

By Lt. Michael N. Baxley
Medical Clinic, Bangor

Do your knees seem to always hurt, especially in periods of prolonged sitting, such as during a long movie? Do they feel like they are grinding when you unbend them, requiring a few minutes to walk around and "loosen up"? What about going up, or even worse, down stairs or ladders, or squatting and kneeling on your knees? Does a well-intended effort at jogging end in a week or two of aching knee pain?

If you can answer "yes" to any of the above questions, then you may be experiencing a fairly common condition known as "Chondromalacia Patella" or "Patella-Femoral Syndrome." This possibility is made even more likely if you are not a regular participant in sports or exercise, or even worse, you are a generally sedentary person with only sporadic efforts at intensified physical activity. Although the causes of knee pain are many, once an acute athletic knee injury and arthritis can be excluded, you must suspect the garden variety form of "chondromalacia patella" when your knees hurt or grind and you can't pinpoint a cause.

Chondromalacia is a term that well describes the condition, and essentially means wear and tear on the back surface of the kneecap (patella). In Greek, **chondro** means "cartilage", and **malacia** means "softness." In fact, chondromalacia patella is a roughening or softening of the joint surface cartilage behind the kneecap. The cartilage is normally a smooth, white, glossy surface like new tread on a tire, yet over time the tread wears down on the back surface. A worn or damaged surface may vary from a mild sandpaper texture through a cracked or crabmeat appearance to a complete loss of surface material over the back of the kneecap. Although this wear is a natural process, certain conditions may accelerate these changes and give rise to the symptoms of chondromalacia patella. Technically, chondromalacia patella is a diagnosis made only at surgery, when the underside of the kneecap is examined. Without this surgical diagnosis, though, physicians generally use the term "patella-femoral syndrome" to describe this type of pain. This approach is important to members of the submarine community because a diagnosis of chondromalacia patella is considered medically disqualifying for submarine duty.

There are many conditions of the knee associated with chondromalacia, some of which are easily recognizable as the cause of the symptoms. Important among these, are demonstrable abnormalities of kneecap function, in relation to the lower leg bone (femur). There may be abnormal tracking of the kneecap due to its instability or tendency to wander laterally, or abnormalities of the relationship of the femur, the upper leg bone (tibia) such as knock-knees, bow legs, or pigeon toes. Or it may be a kneecap which is "too small." All of these conditions tend to cause the kneecap to move out of its "groove," and consequently exert a degree of shearing force on the back of the kneecap producing damage to the cartilage and eventually pain.

Another common cause of patella-femoral syndrome is a direct blow or trauma to the kneecap itself. Usually only affecting one knee, this is often associated with some external sign of trauma such as scrapes or bruising, and may also be associated with some initial joint swelling which resolves long before the development of the chondromalacia symptoms. The pain associated with the development of this **Traumatic Chondromalacia** in the bruised cartilage may not be apparent until two to three months later.

A less common cause of chondromalacia patella is a genetic abnormality causing growth of an extra piece of tissue in the joint called a **synovial plica**. This interferes with the normal operation of the kneecap in the joint, causing pain. The diagnosis is not usually made with onset of symptoms at age 12 or 13, and represents only a small fraction of all cases in the newly symptomatic adult.

Finally, there is a category of chondromalacia for which the cause is less clear. There are no abnormalities of the kneecap, its tracking or relationship to internal joint structure, nor is there any history of trauma significant enough to cause the traumatic chondromalacia described above. This is known as **Idiopathic Chondromalacia** and is simply

Continues on page 10

Delta dental plan

by DT1 Steven J. Andersen
Naval Hospital, Oakland

The Delta Plan is a voluntary program of preventive services and basic dental care for the family members of active duty personnel.

Husbands and wives of active duty members are eligible for dental care under the Delta Dental Plan. Children of active duty members are entitled to dental treatment up to the age of 21, and until 23 if a full-time student. However, this plan does not cover active duty personnel.

Dental benefits began on August 1, 1987. Active duty members with eligible dependents were automatically enrolled. The enrollment is for a minimum of two years, unless member is under PCS orders or the status of the dependent has changed. Children under four can be enrolled, but this must be at the request of the service member. If the family does not want a dental coverage, the member must request disenrollment within the first 90 days.

The cost of the insurance is affordable. If the active duty member has one dependent (spouse or child) the cost is \$3.93 per month. With two or more dependents the cost is \$7.86 per month. Delta Dental Plan pays full allowable charges of covered diagnostic and preventive services when provided by a participating dentist of the dental plan. For other covered services, the charge is 20 percent of the cost. Services that are not covered by the Delta Plan is the responsibility of the service member.

Everyone probably wonders, at this point, what is covered under

under this plan? All preventive, diagnostic, and minor emergency care is covered at no cost to the family. The following are items the dental plan will cover at no cost: routine oral exam (two times in 12 months), full mouth X-rays (only once in 36 months), teeth cleaning and polishing (two times in 12 months), fluoride treatment (two times in 12 months), space maintainers, and minor emergency treatment. The other covered services (at a 20 percent cost) are fillings (composite and amalgam), stainless steel or plastic crowns for baby teeth, and repairs to dentures. The services not covered by the plan are: braces, root canals, tooth extractions, new dentures, corrections of congenital malformations, sealants, and crown and bridge. These procedures are the responsibility of the service member.

The most often asked question is: where can my family get dental care? The answer is simple. The care will be provided by a participating dentist who accepts the Delta Dental Plan. In the Bay Area, over 90 percent of all dentists will accept the plan. A current list of participating dentists is available in the office of the Health Benefits Advisor.

With the rising cost of dental care, it is wise that the military family take advantage of the Delta Dental Plan. By utilizing this service on a regular basis, the family can maintain good oral health. Everyone knows, if you have your health, you have everything.





"Under 'Hobbies' I see you wrote 'Jokes.' What kind of jokes?"

NOR' Sports Nimitz Run April 16

The 13th Annual Nimitz Run will be held next Saturday, April 16 at Treasure Island. Often billed as the most picturesque run in the Bay Area, the race is open to the public and begins at 9:30 a.m.

"The most scenic flat track in the Bay Area runs five kilometers along Treasure Island's sea wall — the most breathtaking vista on the San Francisco Bay," said an organizer. "To that, add the challenge of

Yerba Buena Island — run uphill and over the Oakland-San Francisco Bay Bridge Tunnel. That's the Nimitz Run!"

The 5k/10k run will be certified by the Athletic Congress. Entry fees are \$10 for pre-registration and \$12 the day of the race. Long sleeve T-shirts will be given to all participants.

Interested personnel are requested to pre-register before

April 11.

Awards will be presented to first and second finishers in each category. Refreshments will also be served after the race.

The race is co-sponsored by the Naval ROTC Unit, University of California, and the Special Devices Department at Naval Station Treasure Island. For further information contact Mr. Gerald Sbrocco at (415) 642-3551.



Softball teams swingin'

Fourteen teams are gearing up for the 1988 Oak Knoll Intramural Softball League which starts in early May.

Two games will be played each day during the tournament, Monday to Thursday, at 5 p.m. and 6:30 p.m.

One of the hard charging teams that practices on a regular basis without fail is coached by Lieutenant Commander Larry Kilgore. The team will represent the headquarters staff, Naval Medical Command Northwest Region.

Left photo shows Lieutenant Commander Gerald Noss of the Office of Medical Affairs in his best form, standing by to hit the ball during practice game. He's on Lt. Cmdr. Kilgore's team. Below, Lt. Cmdr. Kilgore's men demonstrate their competitive spirit.

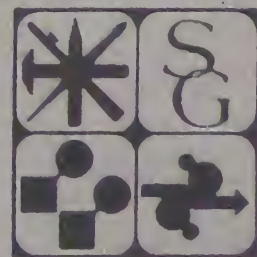


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'Roid Rage'

By Evelyn D. Harris
American Forces Information Service

Anabolic steroids are synthetic male hormones that can help an athlete build muscle mass. The U.S. Olympic Committee prohibits their use, and college athletes have been disqualified for using them. Military athletes who use them cannot participate in interservice competitions. After all, they give an athlete an unfair advantage in the short run, and using them is "cheating."

End of story?
Not quite. Taking steroids can damage the heart, liver and immune system. Some of this damage may be long-term and irreversible.

Steroids can also affect behavior. "I've seen guys go into what's called a 'roid rage'—an uncontrollable rage that can last up to three hours," said Cmdr. Bill Ahrens, a nurse with the Navy Medical Command in Washington, D.C.

The Navy and Marine Corps received reports that an increasing number of their people were using steroids as an adjunct to strength

conditioning—and promptly prohibited the use of steroids for anything other than a legitimate medical need as determined by a physician. Sailors and Marines abusing steroids are subject to punishment under Article 92 of the Uniform Code of Military Justice. Like the Marine Corps and Navy, the only use for steroids in the Army and Air Force is in the legitimate treatment of medical problems.

Medically, steroids are used to treat certain forms of anemia, burn patients and people who are extremely underweight. But some doctors are even backing away from prescribing them for medical reasons. Finnish doctors, for example, recently took a group of elderly people off steroids—when a large proportion of the group, being treated for weak bones, began to have heart attacks.

Perhaps the most important consideration for military organizations is the effect steroids can have on unit readiness.

"The service member who is on steroids is simply not fit for the mission the military trained him for. He



Electrician's Mate 3rd Class Vincent Vitello gets into his workouts with barbells. "I use neither steroids or health vitamins," he said. "I just do a healthy workout." Vitello is a patient at Naval Hospital, Oakland and uses the base gym on a regular basis to stay "lean and mean."

represents a danger to himself and a very direct threat to a unit's ability to accomplish a task. It doesn't matter whether the individual's job is one of support or one involving direct combat—if you've got an individual who's more subject to heart attacks or uncontrollable rages, you've got a problem," said Navy Dr. (Capt.) Robert Hain, the Marine Corps director of medical programs.

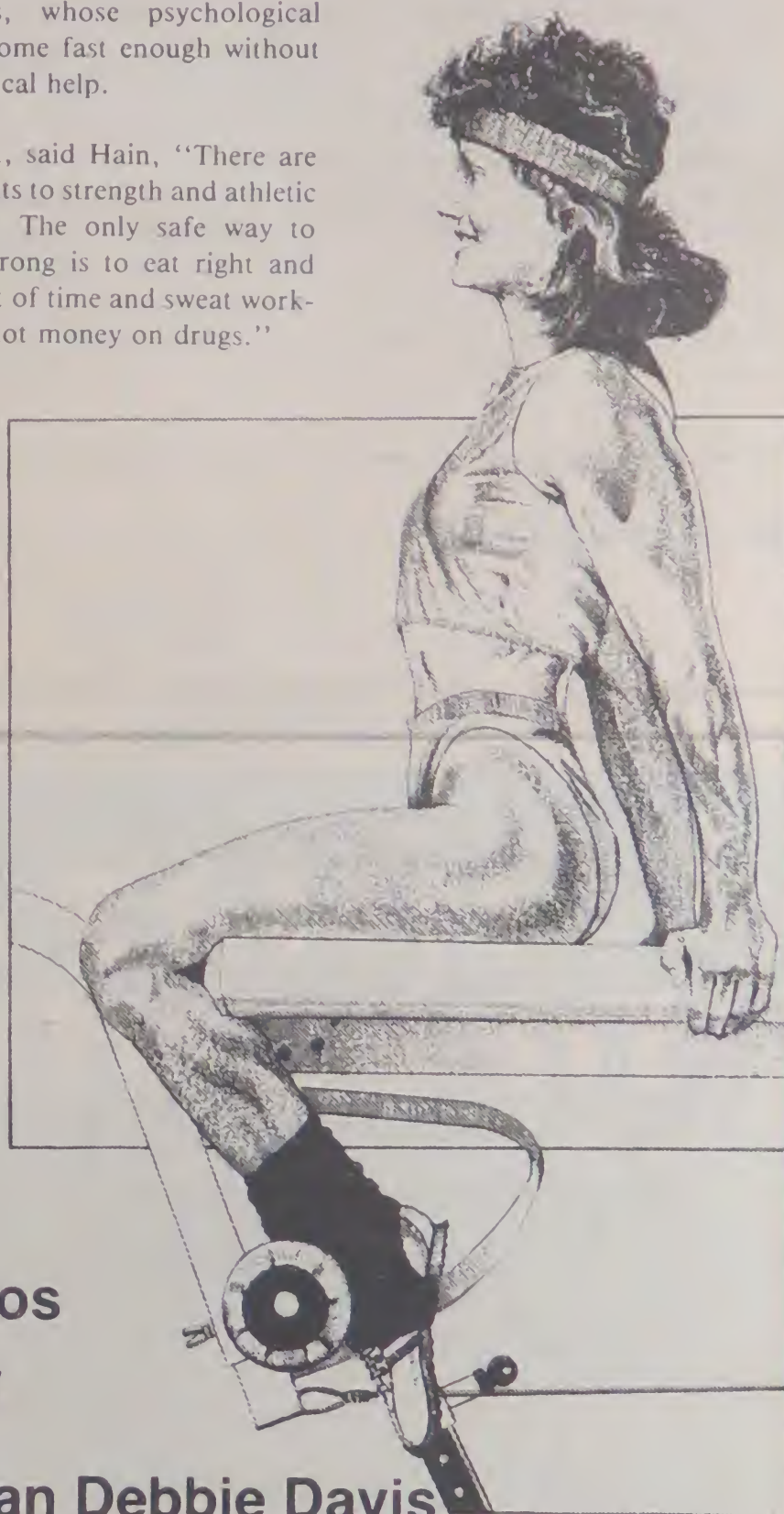
teen-agers, whose psychological changes come fast enough without any chemical help.

In short, said Hain, "There are no shortcuts to strength and athletic excellence. The only safe way to become strong is to eat right and spend a lot of time and sweat working out—not money on drugs."

"The service member who is on steroids is simply not fit for the mission the military trained him for."

Steroid use can also lead to other unpleasant changes. As the sport of bodybuilding has become more popular with women, so has steroid use. Females taking steroids can see their breasts shrink, their skin get yellow and their periods stop. Their voices become mannish and their skin breaks out. They, too, are subject to roid rages. One female said she changed from a "soft, fawnlike creature" to a "raging bull" who threw her husband against the wall when he showed up late for supper.

Health officials are worried by reports that boys as young as 13 have started to use steroids in the hopes of athletic stardom or a "Rambo" appearance. Steroids can cause boys to develop larger breasts and severe acne. And while steroids increase a female's sex drive, they can cause males to become sterile and impotent. Their effect on behavior can be especially dangerous for



**Photos by
Airman Debbie Davis**



Marine Corps Corporal Robert Alwton works out his biceps with dumbbells. A body building enthusiast, Cpl. Alwton doesn't use steroids to build his physical stamina and strength. "Using steroids is against the Navy and Marine Corps policy," he said. "So I use different types of vitamins and minerals. Also, I do a set of routine exercises to keep in shape."

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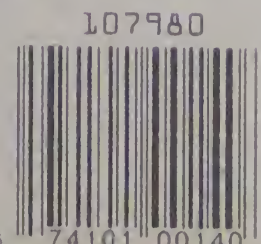


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DC-2 coming to Lemoore

This fully restored DC-2 will fly into Lemoore Saturday, April 16, in conjunction with the Kings County Lemoore Air Show '88. The DC-2, one of the first commercial transports that helped begin the modern era of airline passenger travel, is only one of seven aircraft of its kind left in the world. It was born in 1932 when the Douglas Aircraft Company responded to an industry-wide request by TWA to design a new passenger transport. Since then the air industry has become a profitable and competitive business. The aircraft will be on static display after its landing til April 17. Meanwhile, the world-famous Blue Angels will also perform during the air show. See last issue of the Norwester for more details.

Do You Know?

Who signed Maj. Clark Gable's discharge papers when he left the Army in 1944?
Capt. Ronald Reagan

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Military doctors rated high

Civilian doctors have given their military colleagues an "A" following a sophisticated world wide review of military medical care.

That is, they rated the quality of care "exceedingly high" as measured by compliance with standards endorsed by a civilian physician specialty group. However, it is difficult to compare military medical care with civilian medical care because the civilian system has never undergone a similar review.

The American Medical Peer Review Association hailed the procedures developed to review military medical care as a model for future peer reviews of both civilian and military medicine.

Criticism in the early 1980's of the quality of medical care in military hospitals led to quality assurance initiatives. These included stricter reviews of doctors' credentials, licensing requirements for health care professionals and more careful monitoring of hospital procedures and staff.

Despite these improvements, public and congressional criticism of military medicine continued, spurred on by a few highly publicized horror stories in the media. Dr. William Mayer, Assistant Secretary of Defense for Health Affairs, ordered the review in August 1985 to get an accurate picture of medical quality.

picture of medical quality

The review results indicate publicized incidents represent rare exceptions to the rule of high quality care. Civilian doctors found that military care failed to meet standards set for care in only 1 out of 1,000 cases, or 0.35 percent. They indicated that figures for lower risk cases would probably show even higher standards of care.

DoD officials said they "had to invent the wheel" to do the review. The wheel they invented turned out to be sampling 10 percent of all high risk cases handled by the military's 168 hospitals each month.

Knee pain explained *Continued from page 7*

wear and tear on the undersurface of the kneecap, complete with varying degrees of the above symptoms.

Patella-Femoral Syndrome is fairly common, especially in the active duty population, yet it is generally of a mild degree. Its common causes range from minor tracking deviations of the patella due to muscle tone or knee-leg aberrations (bow-legs, knock-knees, etc.) to a prolonged knee pain after a fall. Treatment with anti-inflammatory medication, rest, and strengthening of the large muscles of the anterior thigh (quadriceps) are usually all that are needed to effect relief. Also helpful is maintenance of physical conditioning to a degree that sporadic attempts of "too much, too soon" in weight training, exercise, or running are avoided. Efforts like this can bring on or aggravate the condition. Although a certain degree of patella-femoral pain may be present because of your particular anatomical make up, its exacerbations can be controlled through these measures.

In uncommon cases which are severely disabling, or refractory to the maintenance therapy, arthroscopic surgery (joint surgery through a fiberoptic scope) may be the only choice for diagnosis and treatment. At this time the tracking or structural abnormality can be corrected and the damaged surface of the underside of the knee cap may be removed in an effort to restore function and reduce pain.

CHAMPUS project chief appointed *Continued from page 7*

Since assuming his new duties, Upton's primary function has been

to coordinate the six-month "start-up" phase of the CHAMPUS program.

Theses "start-up" activities have also included the formation of several task force groups who have been charged with the planning and coordination of the CHAMPUS program among their health care "subcontractors." Participating in these groups are representatives from Foundation Health Plan, PARTNERS Health Plan, The Queen's Health Care Plan at Blue Cross of Washington and Alaska, all of whom will be joining forces to create a network of health care delivery for CHAMPUS beneficiaries in California and Hawaii.

Leave, Earnings statement simplified

Continued from page 1

that make things easier to understand."

The March statement to be distributed on April 15 will be printed on the new LES Form as well as the "old" LES Form. A pamphlet called "Understanding Your LES" will be given out to

everyone.

"Your pay is your responsibility," said Petty Officer Gigante. "See your disbursing office if you don't understand, or if you have any questions concerning the new LES."

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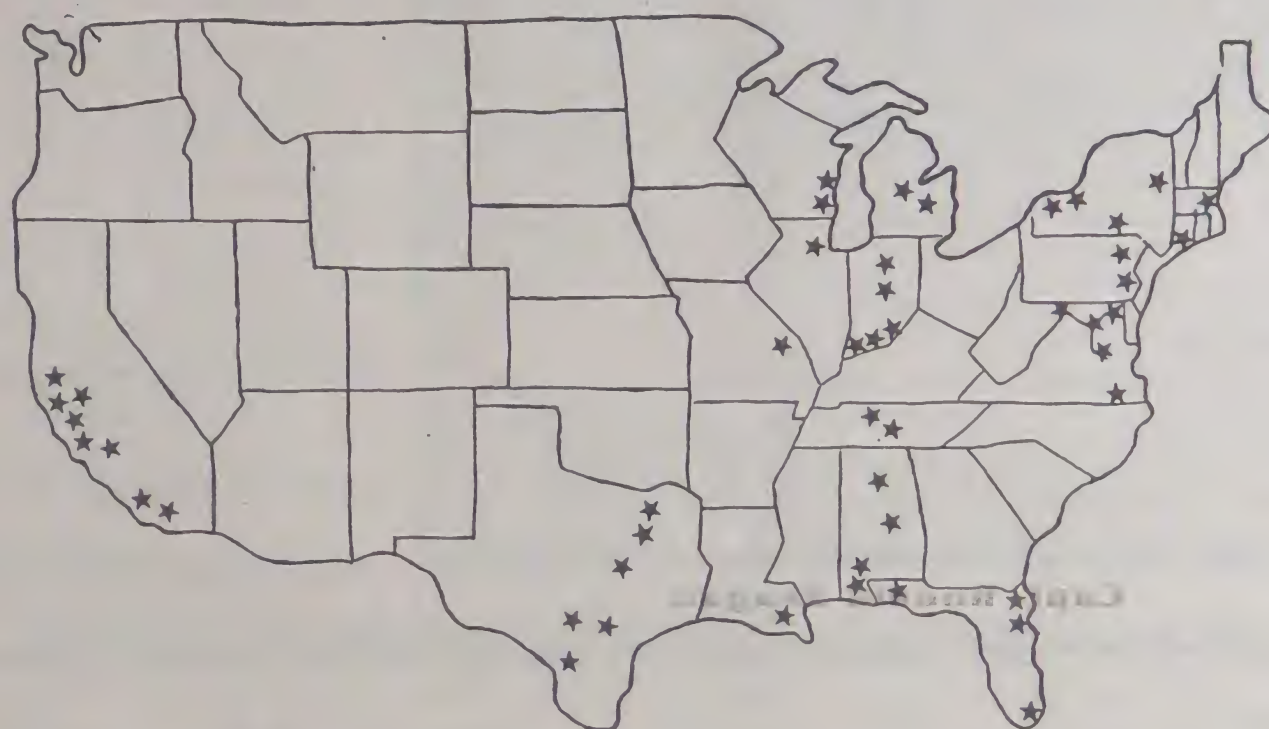
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April 22, 1988

The Voice of the Naval Medical Command, Northwest Region

Volume III Number 8

A little Vietnam comes to Oak Knoll

by Alman Debbie Davis

Whether walking or driving past the gas station/minimart on the Naval Medical Command, Northwest Region compound were surprised recently when they chanced upon a scene that may have reminded them of the popular television show

The three-day training course included every aspect of combat care from litter bearing class and treating casualties to the dynamics of combat psychology.

"The course integrates the role of the field medics and the casualty receiving facility nurses," said Lieutenant Commander Bill Aiken, one

in the course, expanded on the idea by saying, "We shared ideas and experiences and a wealth of knowledge. It will be a continuing education."

Students signed up to attend the course after announcements were sent out locally. Nurses were given first priority to participate followed by other personnel with no combat medical training. The participants included 15 personnel each from the Navy and Army and one Air Force Reserve nurse.

Students tested

The instructors were from Naval Hospital, Oakland and Letterman Army Medical Center in San Francisco. They were selected because of their involvement in Vietnam or other previous combat experience.

The first two days of the three-day course concentrated on combat psychology, initial assessment of casualties, learning triage set-up procedures, and prioritizing and managing combat injuries.

The third day brought the students' knowledge together into practical application during a combat exercise. The day began with the students learning correct procedures for litter carrying in the field environment. Then the students gathered at the region helicopter pad to receive instructions on helo safety and patient loading onto the aircraft. The remainder of the morning was devoted to practicing correct procedures in placing patients in a field ambulance.

Seeing the equipment used and actually transporting "patients" gave the training new meaning for the stu-



A team evacuates the "wounded" against all odds and under an improvised barbed-wire.

(Photo by JO1 Dan Guiam)

dents.

"I learned something new and it was interesting to put the material into actual use," said Army Lieutenant Jeanne Stevens of Letterman Army Medical Center.

'Combat lunches'

Learning to survive in the combat environment was even included in the students' lunch as they were served MREs (meal ready to eat) rations, resulting in varied reactions from the participants.

"The peanut butter and jelly is just like home except it's runny," remarked Chief Hospital Corpsman Linda Coniglio of Naval Reserve Medical Detachment 0187.

"You have to dilute the MREs to get rid of the salt," Lieutenant Jim Clair of the Psychiatry Department at Naval Hospital, Oakland ob-

served.

The highlight of the course came in the afternoon as the students tested their newly learned skills in a drill with simulated mass casualties. Instructors rigged an accurate combat scenario that put authenticity into the situation.

Realistic combat sounds, such as hovering helicopters, aircraft strafing and gunfire, were played over a public address system. Obstacles were also positioned to give the students the "true feel" of a harsh field environment while they carried casualties. Some of the students even "dressed the part" and portrayed "victims."

Each student had an opportunity to participate in all facets of the drill. The class was divided into four teams. One team portrayed casual-

(Continued on page 6)



An Army medic dons a casualty mask with the help of a props man.

(Photo by JO1 Dan Guiam)

M*A*S*H.

A battalion of medical personnel in camouflaged uniforms scurried with "patients" on stretchers amid "combat" sounds of gunfire and aircraft strafing and hovering helicopters.

In reality, the medical personnel — from the Navy, Army and Air Force — were undergoing training in the Combat Care Course, the first of its kind to be offered as a tri-service endeavor.

of the coordinators of the training. He is Head, Life Support Division of the Educational Services Department at Naval Hospital, Oakland.

The uniqueness of the course is apparent. Tri-service participation allows the three medical branches of the armed services to minimize their resources and avoid duplication of each other's effort.

Chief Hospital Corpsman Teofilo Palabay of the Surgical Clinic at Naval Hospital, Oakland, a student



Above photo: Medics test their agility and expertise in transporting patients over a hurdle course. (Photo by JO1 Dan Guiam); Right photo: A "dramatic" scenario of a medic coming to the rescue of a casualty with abdominal wounds. (Photo by AN Debbie Davis)



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the Chaplain's Corner

by Lieutenant Julie Schwartz, CHC, USN

In the ancient world, the king would kill the messenger who brought bad news. Today we feel the same resistance to hearing a depressing story or sad news. "The world is hard enough," we think, "let's not make it worse by remembering difficult things."

But there is surely a place in our lives for remembering the tragic. On April 14 and throughout the month of April, we in the military observe Days of Remembrance of the Victims of the Holocaust. This is an observance peculiar to the Armed Forces because it was our own U.S. soldiers who liberated Hitler's victims from the concentration camps. By focusing on this most devastating and brutal time, we remember our nation's role in history and we realize the potential for evil in our world.

Our stomachs turn and we weep as we think of babies torn away from mothers and then shot before their parents' eyes. We have seen the pictures of families waiting quietly in long lines for showers — never realizing that the showers were death chambers. We know of the forced labor, the starvation, the slow process of dehumanization that the demonic Hitler directed.

Our memories are short and we would prefer to remember the celebrations. But at this season we unite to honor our dead and to strengthen the living.

We pray that we will always remain strong against those who seek to victimize the weak. We pray also that our hearts will always be open to the suffering of others.

Code revised for 'fighting Americans'

Servicemembers will be American fighting men no more according to the newly revised Code of Conduct, which describes them simply as fighting Americans.

An Executive Order signed by President Reagan March 28 removes the gender-specific phrase "American fighting man" from the wording of the Code of Conduct to include all servicemembers.

The order is the result of a letter sent to the Secretary of Defense in 1985 by Hospitalman Stephanie Augustine, a Naval Reservist. Augustine submitted the letter through her chain of command because she felt that the code did not incorporate women servicemembers.

Amended are Articles I, II and VI of the six-paragraph code originally written in 1955 to provide guidelines

for servicemembers who may become prisoners of war.

The wording of the "old" code described servicemembers as: "... an American fighting man; ... I will never surrender my men. . . ; and, . . . I will never forget that I am an American. . ."

The changes to the Code still retain its full meaning and effect.

DoD clarifies homosexuality policy

Former Army Staff Sgt. Perry J. Watkins was discharged in 1984 after his homosexual tendencies became known. Watkins sued but didn't win. Then on Feb. 10, 1988, the 9th U.S. Circuit Court of Appeals in California found the Army's policy of discharging homosexuals unconstitutional.

The three-judge panel ruled that Watkins should be allowed to be considered for reenlistment, despite his homosexuality.

In a Feb. 11 message to the field, Army legal officials said in part, "We anticipate that all current DoD and Army policies concerning homosexuals will remain in effect, pending final resolution of the case."

Since then, the White House and the Pentagon have received several telephone calls and letters asking about the overall DoD policy on homosexuality.

"We send a standard letter to people who inquire about the decision,"

said a DoD spokesman. "We state what the current policy is and that it was reviewed in 1980 and reaffirmed in 1982. There are no current plans to review the policy. We'll, of course, comply with any final order of the federal court."

The letter reads: "It is the longstanding policy of the Department that homosexuality is incompatible with military service. The presence in the military environment of persons who engage in homosexual conduct or who, by their statements, demonstrate a propensity to engage in homosexual conduct seriously impairs the accomplishment of the military mission."

The letter further states that "the presence of such members adversely affects the ability of the military services to maintain discipline, good order and morale." It goes on to say that the presence of such members adversely affects the ability of the military services to:

- foster mutual trust and confidence among service members;
- ensure the integrity of the system of rank and command;
- facilitate assignment and worldwide deployment of service members who frequently must live and work under close conditions affording minimal privacy;
- recruit and retain members of the military services;
- maintain the public acceptability of military service; and
- prevent breaches of security.

"The Department of Defense," says the letter, "will comply with any final orders of the federal courts. However, the current Department of Defense policies and procedures remain in effect pending resolution of

the legal issues."

According to DoD statistics, 1,372 enlisted service members and 62 officers received administrative discharges or were separated for homosexuality in fiscal 1987.

Enlisted women Gain sea billets

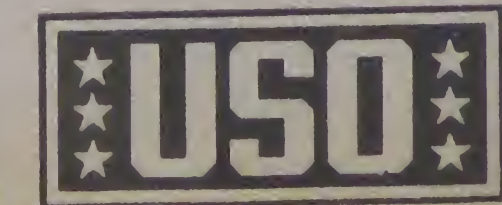
Sea/shore rotation patterns have been revised to increase sea duty opportunities for the growing number of Navy enlisted women.

In 1991, enlisted women in the Navy will increase from the current 9 percent to 9.6 percent of the force. This means that more women will serve at sea to ensure fair rotation for all Navy people.

NAVOP 037/88 establishes a rotation pattern for women that is consistent with their rating.

This new policy cancels NAVOP 065/87. All women in place or under orders written on or before March 31 will be "grandfathered" to the rotation pattern in effect before October 1987.

Briefings on this revised sea/shore rotation policy will be provided at specified fleet sites by a CNO briefing team and detailee field trips. For more information concerning the briefings and changes to the rotation policy, see NAVOP 037/88 or consult your detailee.



SIDS aid expanded

Military families who have a child at risk for Sudden Infant Death Syndrome will have more of their expenses covered by CHAMPUS, the Civilian Health and Medical Program of the Uniformed Services.

CHAMPUS provides care on a cost-share basis for active duty

diorepiratory monitor for a biological sibling (brother or sister) of a SIDS victim. Formerly, a CHAMPUS-authorized health care provider would have had to state that the individual child required a monitor because of demonstrated apnea (interrupted breathing) or other medical condition.

CHAMPUS will also pay for diagnostic testing, including printouts of the monitor's readings, as long as it is done for reasons other than predicting the risk of SIDS.

Families with a child needing a monitor can also be partially reimbursed for CPR (cardio-pulmonary resuscitation) classes if they are given by an approved health care provider.

The expanded coverage is effective for services and equipment provided on or after Dec. 4, 1987. CHAMPUS will not help pay for the cost of a backup electrical system or other alterations to the patient's living space or for recordings of the patient's heart and breathing done solely to predict the risk of SIDS.



dependents, military retirees and survivors of deceased members when care in military medical facilities is not available.

The program will now cover a car-

Up close



Photo by AN Debbie Davis

Name and rate/title: Bonnie Jean Marshall, Seaman Apprentice, USN

Command: Naval Medical Command, Northwest Region
Workcenter: Logistics Department

Job description: Secretarial work which involves typing correspondence and outgoing messages, filing and many other administrative functions in the office of the Assistant Chief of Staff for Logistics.

The most challenging part of my job is: learning all the new skills in administration such as using a word processor and preparing correspondence in the right format. I have never worked in an administrative office before, and I had never thought of becoming a secretary when I was growing up. All I wanted then was to travel and see the world.

Without my skills and expertise, my division wouldn't be able to: meet deadlines because everyone in the division has an important role to play in the success of the command's mission. The work evolution can be compared to a piece of machinery, that is, if one part is missing, then the equipment doesn't operate well if not completely out of service.

Hometown: Detroit, Michigan — the automobile capital of the world.

Hobbies: Snow and water skiing, boating and arts and crafts.

Motto: Never be afraid to be different. Every person is unique and, as such, people should openly express themselves to let others accept them for what they are and who they are.

Likes: All kinds of music especially reggae, scary movies, hiking and dancing.

Dislikes: Seafood, cold slushy rainstorms, and being in a rush.

Role model/heroes: I believe in being an individual, but there are many people I admire for different reasons — friends, family and co-workers for their own remarkable characteristics. For example, the way a person can take care of business in a professional manner, and go home and be able to relax and have fun.

If I could do it over again I'd: I wouldn't change a thing. Since I joined the Navy I have met a lot of interesting and informative people. The Navy has also broadened my education, not so much with a degree, but with experience.

I wish I could stop: nagging my husband. I do it mostly for fun. I love to tease him and it drives him crazy even if I'm usually right about what we're discussing.

I respect myself for: not being afraid to be independent.

My immediate goal is: to enroll in a school and begin taking some business and other courses that will eventually lead to a degree.

NORWESTER

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Dental Notes

By Captain Paul Lehman
Naval Hospital, Oakland



Imagine yourself in this situation! Your son Johnny, age nine, runs into the kitchen screaming that his front tooth was just knocked out while playing with the neighbors. What are you going to do?

1. Nothing because it probably was only a baby tooth
2. Call your family dentist for advice
3. Take Johnny to your family dentist
4. Carefully cleanse Johnny's tooth under tap water and gently reinsert the tooth back into its socket

The most correct response is answer #4 and then take Johnny to the dental clinic immediately. It has been my experience that football coaches and mothers are more successful in replanting an avulsed (knocked out) tooth than is the family dentist. Why could this be possible you ask? Timing is the answer. That is to say the more quickly the tooth is reinserted into its natural socket the greater the prognosis that the tooth will remain for seven or more years.

However, this is just the beginning of extensive treatment the tooth will require over a subsequent year. First, at the emergency visit the tooth will be splinted (supported) with a thin wire or nylon filament like you see in braces. This will usually remain on for only 10-14 days unless more than just the tooth was injured. Then a root canal procedure is begun with a medication placed inside the tooth. This special medication must be replaced every three months. Then at the end of one year the root canal space can be filled with permanent root canal filling.

Although complex, this treatment is preferable to the loss of the tooth. The cost is less expensive to save the tooth than to replace the missing tooth with an artificial one. For the period of time the tooth remains it contributes to:

1. Normal appearance
 2. Function in chewing
 3. Developing correct speech
 4. Maintains the shape of the dental arch as the child grows
- Please remember, time is of the essence for the long-range success of planting an avulsed tooth.

Tips for being 'fire safe'

SACRAMENTO, Calif. — "California's fire danger today is so severe that every single inch of the state has the potential to go up in smoke," warned Jerry Partain, director of California's Department of Forestry and Fire Protection (CDF), when he kicked-off Wildfire Prevention Week last June.

This severe admonition nearly became prophecy in 1987 as California experienced one of the worst fire seasons in its history. More than 12,000 wildfires burned out of control, consuming over 900,000 acres and destroying more than 114 homes.

In 1988, Partain expects the fire danger to be as severe — or more so. "The un-fire safe practices of the growing numbers of people moving to and vacationing in the state's tinder-dry wildland areas are setting the stage for continued unprecedented losses of lives and property."

Worst of all, says Partain, many residents of new urban tract home developments, some of which ring California's largest cities, don't know they are "sitting on top of a matchhead."

"These homeowners don't realize that they can't rely solely on fire-fighting forces to protect their property," says Partain. "The first several hours of a fire (when fire-fighting forces are converging on the fire) are the most critical to a home's survival. Therefore, the fire safe practices implemented prior to the fire by the homeowner often determine the fate of a home."

The only way to prevent future tragedies, according to Partain, is for every Californian to realize the in-

herent risk of living in the state and to take it upon him or herself to protect their homes and property by living and vacationing in a "fire safe" way. "If everyone would follow a few simple fire safe steps, we would see up to an 80 percent decrease in the number of homes and property lost to wildfires," he said.

The following is a list of tips that will help homeowners and vacationers be fire safe this year and in years to come:

Fire safe home practices

- Maintain a "defensible" space

around the home. Clear all flammable vegetation within 30 feet of the structure; clear away dead leaves and needles; reduce the number of small trees and remove all brush to leave widely spaced trees.

- Clean all needles and leaves from the roof, eaves and rain gutters.
- Trim tree limbs within 10 feet of chimneys and trim all dead limbs hanging over the house or garage.
- Cover chimney outlets or vents with a vertical spark arrester of 1/2"

(Continued on page 5)

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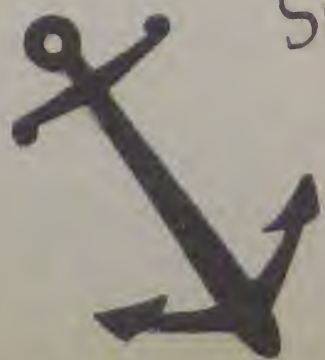


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Social workers: patients' advocates

by Jonathan Seth Arnowitz

The jobs performed by social workers are varied and often jobs no one else would volunteer to accomplish. These jobs include: preparing patients for surgery, assisting patients with discharge counselling, acting as intermediary for local agencies for home health care delivery, and acting as advocate in cases where patients are suspected victims of spousal or parental abuse.

With all of these responsibilities one would expect to see an army of social workers, yet at the Naval Hospital, Oakland, just the dedicated work of Kate Powell, Gloria Grace and Jane Schwabb perform these tasks.

Powell and Grace cover two areas in the social work responsibilities. Powell assists in referring patients in need of home health care after they leave the hospital. Grace works in the family advocacy program, assisting spouses and children of abusive family situations in getting them help and therapy at appropriate local community agencies.



Helping the elderly is just one facet of Powell's work. She's also responsible for finding necessary special services for all patients when they leave the hospital. She will often help children, especially infants born with disabilities, needing special services in the community.

"We help them get into medical treatment assistance," Powell relates. "After finding that treatment, we look for financial assistance to pay for that care. We look for care assistance to access that required medical treatment for the patient."

Family advocacy

By virtue of the fact the hospital has a maternity ward the adoption must also be dealt with by the social workers.

"On a very limited basis — we are only three people — we also work with certain adoption issues in a limited counselling and referral capacity," explains Powell. "We refer queries to community agencies that work with adoption, both for those who want to adopt and for pregnant mothers who want their babies

"Spousal abuse is a male and female problem. Women are just as likely to abuse men. Often the male victims we see are more badly hurt than the women. . ."

— Gloria Grace
(Official U.S. Navy photo by AN Debbie Davis)

released for adoption."

In the same office, Grace, deals with a more controversial problem: family advocacy.

In July 1979, the Bureau of Medicine and Surgery directed that hospitals must identify families involved in family violence. Family violence includes child abuse, spouse abuse, sexual assault and rape.

"Family violence has a major impact on the functioning of active-duty service members, as well as everyone in their families," Gloria Grace explains. "If a member is going through the trauma of being abused, or in an emotional state where they are being abusive, that must impact on their ability to perform at their best."

"The problem is more pervasive than most people realize," Grace adds. "The problem is not growing, only the awareness of it. With the growth of the women's movement, educational programs, and more groups advocating for the rights of women, women are standing up to these situations that they hadn't in the past."

Most of the reported victims are women and children. The problem also involves male victims, but they are very reluctant to report spouse abuse.

Grace explains that the Navy cannot ignore this problem simply because the majority of the Navy is married. Furthermore, the Navy presents many unique problems to families such as long separations.

"Studies show that a person in the Navy for 20 years spends about 7 years out to sea," points out Grace.

Long-term separation in the family often occurs in crucial times of family development. During a spouse's absence, the other spouse caring for the child takes on all responsibilities. When the other spouse returns, there is an awkward period of readjustment. There is also some jealousy because the other partner has taken on the responsibilities of both mother

and father.

"Often one scenario," describes Grace, "will be a woman taking on the role of father and mother while the father is out to sea. The family will function adequately and when the husband returns he feels his masculinity is threatened which causes tension and a potentially volatile, if not explosive, situation."

"Another problem that could arise is when the husband prepares to leave, and the wife feels ambivalent about his being in the Navy. The wife will abandon the family before the husband leaves, forcing the husband to stay."

"But regardless of what they are, there are invariably family problems during the time servicemembers prepare to depart, and when they return from a long separation."

Spouse abuse will most likely occur at times of reunion and transition. Grace points out, yet another factor:

"While on shore leave the family works fine. However, when the sailor returns to shore duty, the couple are together more than they have ever been. Suppressed problems begin to surface in the day-to-day contact during shore duty."

The Naval Hospital social worker pays close attention to spousal abuse. That is not to say that spousal abuse plagues only the military family.

"There is a huge incidence of violence in the family, in both the civilian and military; it cuts across all socio-economic borders. Age seems to be another factor — younger couples 20-30 years old are more likely to be involved in family violence," explains Grace. "Spousal abuse is a male and female problem. Women are just as likely to abuse men."

Aid for abused

"Often, the male victims we see are more badly hurt than the women. This normally occurs because when a woman abuses a male they try to inflict as much pain to block a reprisal from the male," adds Grace. "The men are much more reluctant to report spousal abuse. They will normally come in with an excuse like an accident. That is also the case with parents bringing in child abuse cases. The question the medical practitioner has to ask him or herself is: does the story fit the accident? And, does the accident fit the injuries inflicted?"

Furthermore, while more women are abused than men, women are equally liable to initiate violence, but they often get the worst of it.

Grace describes what the usual process of family advocacy involves:

"Usually the incident begins in the evening. Evening because that is the most likely time families will be together, though we do get a few complaints during the day. The emergency room staff is sensitized and trained to recognize family violence. They know what questions to ask in suspicious cases. They separate the husband from the wife and the children from their parents. That action alone will tell you if something is wrong; because, rarely will the husband want to be separated from the wife if he has abused her, the same with the child."

Legal guidelines

"Medical injuries are priority, so they are treated first but then there is a follow-up interview. California state law is very protective. You must report the suspicion of child abuse. It is the mere suspicion of child abuse you have to report; so, you do not have to prove a thing."

"You just make a good faith report of the suspected abuse. In

"We help elderly patients coordinate and arrange all the home health care services. The major problem with going home is, that except for skilled nursing, neither Medicare or CHAMPUS will pay for it. . ."

— Kate Powell
(Official U.S. Navy photo by AN Debbie Davis)

fact, you are bound by law to make that report. In addition, you are protected by that same state law by taking away from you the burden of proof."

"We do not maintain a punitive system. Once we have identified a case of child abuse, we get the child into therapy and get the parents to the appropriate program therapy."

"We have a proactive plan to identify the problem early on, get intervention to preserve the family and get the active-duty member to function in the military. But, when an incidence occurs the active duty member is automatically part of the process. We monitor active duty members and see that they progress in the therapy programs."

"There is one case where abusers are not automatically enrolled in our program: the case of incest. Incest cases are judged on a case-by-case basis. Incest perpetrators can qualify for the family advocacy program if they show a sincere attempt to address their problem."

"There is a much higher rate of reporting child abuse in the military than in the civilian community because the military doctors have the freedom to report suspected child abuse without worrying about the loss of pay and loss of patients. Civilian doctors who report child abuse simply lose their patients, they go to another doctor who doesn't know



the history of the family. The military keeps a network of information that communicates with each other. Consequently, there is communication among the military hospitals, so there is nowhere to escape; we have a much better tracing system than the civilian hospitals."

"We try our best to keep a family together," summarizes Grace, "but, we are ultimately responsible for the well-being of the family. If the abusive spouse does not progress in therapy, we must take appropriate actions. Of course that is a last resort, at all cost we want to keep the family together."

Whether advocating for the family, or assisting in discharge planning, the social workers perform very difficult tasks that must be done. If it's caring for the elderly, or providing medical assistance, or protecting children, Gloria Grace, Kate Powell and Jane Schwabb are there helping any and all who need their help as are social workers at every naval hospital.

No shoddy uniforms

by Lieutenant Commander
John Woodhouse
Navy Editor Service

"Files!" The Chief's voice rang out through the early morning stillness of the office. The tone of voice in the single word let the young petty officer know that the Chief was not pleased.

"Uh, yes, Chief?" Files asked tentatively.

"I've got a report here that you were picked up at the exchange yesterday in a set of ratty dungarees by the master-at-arms. Care to tell me about it?" said Spread.

"Not really, Chief," replied Files. He had wondered how long it would take the report to reach the Chief. Now that he knew, he wished the system had been a little less efficient this time.

"OK, then let's compromise," began the Chief. "Tell me anyway."

"Well, Chief, you had me repaint the old furniture yesterday, so I didn't wear a good set of dungarees. I just ran up to the exchange to get a couple of things over the lunch hour and got nailed for the uniform," Files explained.

"You know better than that, though. I never expected you to get hit on your uniforms — you usually look pretty sharp. But you know that there's absolutely no excuse for being somewhere like the exchange wearing

a less than acceptable uniform," fumed Spread.

"I guess I thought I could get away with it," started Files. "It just didn't seem worth the effort to change my uniform just to run up to the exchange for a few minutes."

"The world judges us initially by the appearance we present to it. You might be the most squared away sailor in the entire Navy as far as your professional performance goes, but if you look shoddy, you're gonna have a tough time convincing anyone of the fact," said the Chief.

"Appearance is one of the easiest things about ourselves that we can control. If you look sharp, people will usually automatically assume that you're sharp in everything you do."

"It just seems like an awful lot of trouble sometimes," said Files.

"Well, maybe it is, Files, but let's put it this way: You will not get hit for your uniform again or we shall have more than just a little talk to resolve it. Have I made myself perfectly clear?"

"Crystal," replied Files, grateful that a "little talk" was all he did get this time. The Chief was right. Files was usually sharp in his appearance and he resolved that a hit for his uniform was something he would not let happen again.

Schwabb works in the Child Life Program and other family activities. She was on leave and could not be reached for comment when this story was written.

Powell's specialty, referred to as "discharge planning," primarily involves the older aged patient community: retired and dependents of retired; mostly women because they live longer than men.

Home care help

Powell helps them plan for nursing care, convalescent hospitals, and other extended care facilities. She also makes home health care referrals for skilled nursing care, physical therapists, social workers and speech therapists.

"We help coordinate and arrange all the home health care services," states Powell. "The major problem with going home is, that except for skilled nursing, neither Medicare or CHAMPUS will pay for it. Medical will pay for you to go to a rest home, or other extended medical care facility, if you are indigent."

Powell must not only find services for patients, but help find affordable and quality services.

"If you search, there are community resources," relates Powell. "For instance, there's the Navy Relief nurse to come by and visit. Public health nurses can follow up on hospital stays."



Juvenile Diabetes Foundation International

OUCH! An injection a day keeps Jennie alive. Jennie is a Juvenile Diabetic who must take insulin injections every day to stay alive. Insulin controls, but it does not cure diabetes. There are 2 million Juvenile Diabetics in the U.S. who need a cure. The Juvenile Diabetes Foundation is the leading voluntary, non-profit diabetic health organization supporting medical research seeking to cure diabetes. You can support the Juvenile Diabetes Foundation through your Combined Federal Campaign.

Tips for being 'fire safe'

(Continued from page 3)
mesh screen.

- Don't build a new home or re-roof a house with wood shake shingles. Treat wood shingle roofs with fire retardants on a regular basis.
- Ensure that the entire landscape is well-pruned and watered, using low-growing and less-flammable plants when landscaping, and planting larger trees at least six feet from the house.



Fire safe vacation practices

- Campfires should be built only in permitted areas. Clear a 10-foot area around the fire. Attend your fire at all times.
- Put out your fire before leaving the area. Pour water directly on the ashes and coals. Add dirt from the surrounding area and blend with water to extinguish any smoldering embers.
- Don't smoke in prohibited areas. When smoking is allowed, keep a three-foot clearing around you. Put out cigarettes in the dirt where you're sitting — not in a stump or log.
- Add fuel to lanterns, stoves and heaters only in a cleared area when the item is cool.
- Store flammable materials in air-tight containers, away from flame and heat sources. Never leave children unattended around matches or other flammable materials.

Cure sought through research

Two million children in U.S. Suffer from juvenile diabetes

"No words will ever explain what it is like to find out that your baby is suffering from an incurable and sometimes fatal disease," said Margaret Younger of Kansas City, Missouri.

Six years ago the Youngers knew that something was wrong with their then 14-month-old daughter Jennie. "We thought it was the heat. She was very irritable, constantly thirsty and began to show signs of fatigue. Jennie seemed to have no energy," Mrs. Younger recalled. "We realized that something was very wrong when Jennie started to drink pool water. We immediately rushed her to the doctor.

"After the examination," remembers Margaret Younger, "the doctor told us that our baby was very sick. Jennie had diabetes. Juvenile Diabetes, the most severe form of the disease. We had no idea what dia-

betes was and feared that Jennie would die."

"No, she won't die," said the doctor, "if you learn to take care of her and you teach Jennie to take care of herself." For the Youngers, that meant insulin injections every day for Jennie and adhering to a strict dietary regimen. Insulin keeps Juvenile Diabetics alive, but it does not cure the disease or prevent the possibility of disabling and life threatening side effects.

Today, Jennie is an almost normal 7-year-old, who has learned the basics of taking a daily injection and testing her blood sugar content.

"Of course she will remain for many years under close parental supervision until she is old enough to take care of herself," said Mrs. Younger.

"We told Jennie," Mrs. Younger said, "that the doctors can't cure her yet, but they are trying very hard to find a cure for her and the 2 million other Juvenile Diabetics in our country.

"Research is the only answer, the only hope to cure Jennie, and we couldn't sit around and do nothing, we had to help. That's why we joined the 150,000 volunteers of the Juvenile Diabetes Foundation to help support research that will find a cure and better patient care for diabetics. We all place our hope for a cure with the Juvenile Diabetes Foundation.

"All federal employees can help our search for a cure," said Mrs. Younger, "by supporting the Juvenile Diabetes Foundation through the Combined Federal Campaign."

Hopeful NAVMED trend

By Vice Admiral James Zimble

One encouraging product of the past years has been increased recognition by the Congress and Navy leadership that medical shortages in professional and support personnel are having critical impacts on military readiness and mission accomplishment. Congress appears prepared to assist in keeping good people in the Medical Department, one of the most important and hopeful trends which I have seen since becoming Surgeon General last July. In order to provide timely information to the Congress on which to base their assessment and decisions, and in order to pull together what we already know about retention, we are working with the Chief of Naval Personnel and the Center for Naval Analysis to examine positive and negative factors in the retention of physicians, nurses, and MSC health

care and science professionals. They will report to me on incentives and corrective measures which can be implemented to improve the quality of the professional experience which makes good people stay. If we are to rebuild our wartime capability and accomplish our growing peacetime responsibilities, we must take serious actions toward correction of the situations which cause good people to leave Navy medicine. Our shortages will abate only when we realize both improved recruiting and retention programs.

Officers in command should share widely with our people that this serious study is ongoing and that I attach great importance to its successful outcome. I intend to have an initial scrub on this soon and a final report by the end of May. I am aware of many irritants which act as disincentives to retention, such vital problems as graduate and continuing medical education, support personnel shortfalls, patient mix, assignment procedures and others are at the root of retention problems. We are overdue to correct these situations, and the time and environment have never been better to do so. The effort is already underway, and the emphasis on it serious and continuing.

In short, I am asking our people who may be considering leaving to stay with it. We are making the best and most serious sustained effort to date to improve the quality of challenge and professional growth, and I am convinced that we will succeed. We operate the most diverse, wide-



ranging, challenging medical organization in any military service anywhere in the world, and we urgently need to keep the experience and talent vested in our people. There is no effort, repeat no effort, which I consider more important to our long-term success as the Medical Department for the most powerful Navy and Marine Corps in the world. The future is our hope and the people of today's Medical Department are our promise. I will report to you concerning the results of this activity as it progresses, and when it is completed. In the meantime, I ask for your continuing support.

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Oak Knoll Men's Varsity Softball Schedule 1988

DATE	OPPONENT	LOCATION	TIME
April 21	Moffett Field	Home	5:00 p.m.
April 26	NWS Concord	Concord	5:00 p.m.
April 28	USS Mars	Home	5:00 p.m.
May 3	Mare Island	Mare Island	5:00 p.m.
May 5	Skaggs Island	Home	5:00 p.m.
May 10	Treasure Island	Treasure Island	5:00 p.m.
May 12	NAS Alameda	Alameda	5:00 p.m.
May 17	Moffett Field	Moffett Field	5:00 p.m.
May 19	NWS Concord	Home	5:00 p.m.
May 22	NAS Lemoore	Lemoore	1:00 p.m. (DH)
May 24	USS Mars	NSC Oakland	5:00 p.m.
May 26	Mare Island	Home	5:00 p.m.
May 31	Skaggs Island	Skaggs Island	5:00 p.m.
June 2	Treasure Island	Home	5:00 p.m.
June 7	NAS Alameda	Home	5:00 p.m.

Oak Knoll Women's Varsity Softball Schedule

DATE	OPPONENT	LOCATION	TIME
May 4	Moffett Field	Moffett Field	5:00 p.m.
May 11	Treasure Island	Treasure Island	5:00 p.m.
May 14	NAS Lemoore	Lemoore	1:00 p.m. (DH)
May 18	NAS Alameda	Home	5:00 p.m.
May 25	NWS Concord	Concord	5:00 p.m.
June 1	Mare Island	Home	5:00 p.m.
June 8	Moffett Field	Home	5:00 p.m.
June 15	Treasure Island	Home	5:00 p.m.
June 18	NPS Monterey	Monterey	1:00 p.m. (DH)
June 20	NAS Alameda	Alameda	5:00 p.m.
June 22	NWS Concord	Home	5:00 p.m.
June 29	Mare Island	Mare Island	5:00 p.m.

NOR'SPORTS

NAVHOSP Oakland thinclads To vie for All-Navy track team

Machinist's Mate 3rd Class Craig Cook took first place honors in the long jump to lead Naval Hospital, Oakland to a fourth place finish overall in men's team competition at the recent Pacific Coast Sports Conference Track and Field Championships.

Cook leaped 22-10½ in his winning effort at the meet, held at Contra Costa College in San Pablo, Calif. Hospital Corpsman 3rd Class Larry Davis of the emergency room was runnerup in the 400-meter dash to help boost the Oak Knoll team point total.

The Oak Knoll thinclads finished

behind first place Naval Air Station Alameda, Naval Security Group Activity Skaggs Island and Naval Air Station Lemoore. There were 10 men's teams and two women's teams competing. Naval Hospital, Oakland had no women entrants in the tri-service meet.

Coach of the Oak Knoll contingent, HM2 Daniel Hurst of the Physical Therapy Department, was third in the javelin throw. HM3 Michael Byrd, also of physical therapy, walked away with a third in the high jump and fourth in the shot put.

Lieutenant Colin Chinn of Internal Medicine and HN Elmer Sisneros

both placed fourth in the 5,000-meter and 1,500-meter runs respectively.

On May 4, track and field squads from Naval commands along the West Coast will gather at NAS Lemoore for the pre-meet to determine competitors in the annual All-Navy Track and Field Championships. Finalists for the Navywide team will be selected by May 10.

Active duty personnel, including women from region commands, are invited to compete in the Lemoore meet. For information, contact HM2 Hurst at the hospital at extension 5568.

SPARE TIME FUN

Hospital Corpsman 1st Class David Sego enjoys bowling to improve his skills at the bowling center, Naval Medical Command, Northwest Region, Oakland. Petty Officer Sego recently organized a noon-time bowling league, which starts every Wednesday at 11:30 a.m. for people who want to bowl and simply have a good time but are not good enough for championship games. Six teams vie in the league. Navy personnel in the region celebrating their birthday can go to the bowling center for free games.

(Photo by AN Debbie Davis)



A little Vietnam comes to Oak Knoll

(Continued from front page)

ties, another medical treatment providers and the third squad members were the litter bearers. The fourth team manned the battalion aid station. Each team took turns and then rotated until everyone had completed each task.

Response to the drill was very enthusiastic, according to the instructors. The general consensus was that the course should be offered on a continuing basis with all three services' medical branches participating.

"I feel real good about the course;

I've been wanting to do this for a long time," Lt. Cmdr. Aiken related. "I hope we can plan another exercise like this sometime this summer."

Students praised the course and mass casualty drill.

"The course has helped me understand the mission of healthcare in both combat and peace," said First Lieutenant Darlene MacIsaac of Letterman. "I have a deep respect for those who have seen war and the people training for one."

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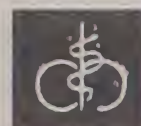
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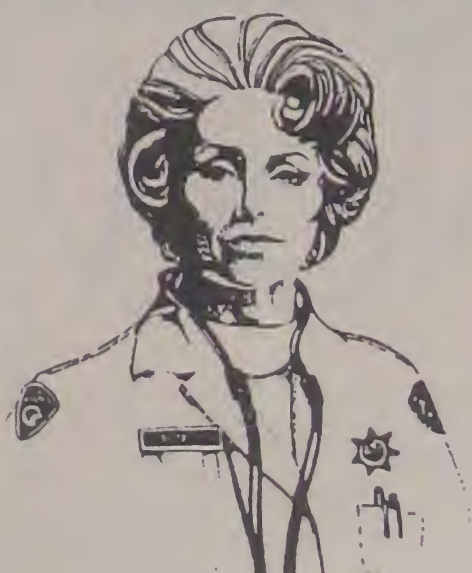
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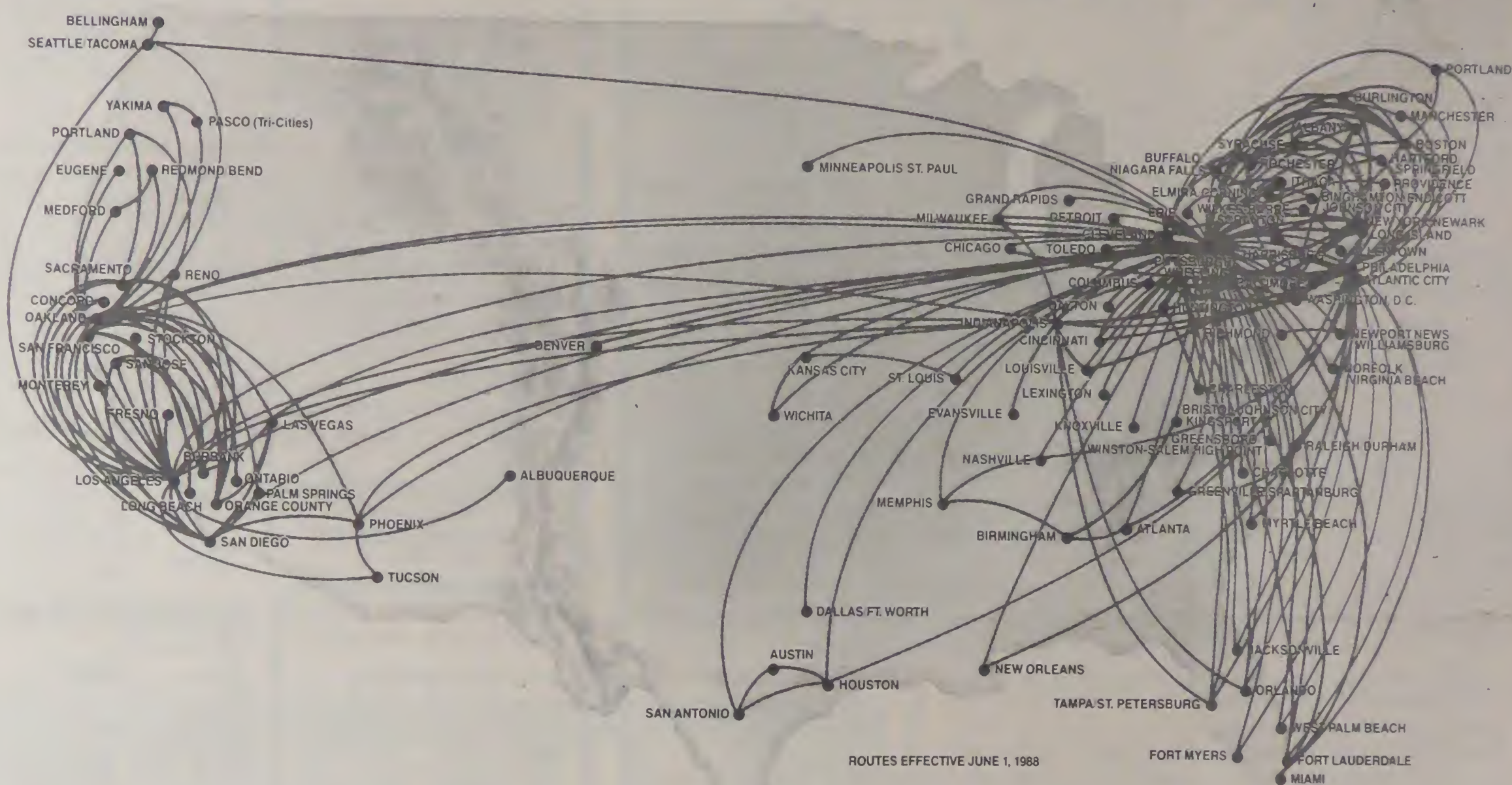
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NORWESTER

May 6, 1988

The Voice of the Naval Medical Command, Northwest Region



Captain Robert Brant (left), outgoing CO of NAVHOSP Lemoore, and Captain Robert Hopkins, the hospital's new CO, cut the ceremonial cake after the Change of Command. Capt. Brant also took the occasion to award four staff members with Navy Achievement Medals.

(Photo by Airman Debbie Davis)

Capt. Hopkins takes helm

NAVHOSP Lemoore gets new CO

"People are the most precious commodity we have in the military today. Healthy men and women are absolutely vital to meet our Navy and Marine Corps missions. Here at Naval Hospital, Lemoore our missions have been carried out in superb fashion," remarked Rear Admiral David Lichtman, who was guest speaker during the change of command at Naval Hospital, Lemoore, April 29.

Captain Robert F. Hopkins relieved Captain Robert H. Brant as Commanding Officer of the hospital that has been accredited by the Joint Commission on Accreditation of Hospitals (JCAH) since 1974.

Rear Adm. Lichtman, Commander, Naval Medical Command, Northwest Region, had nothing but praise for both officers whose "continued personal efforts are in keeping with the highest tradition of the Navy in providing excellent medical care."

"Bob (Capt. Brant) and I struck a very harmonious chord even before we met," said the Admiral. "Prior to taking command of the Region, I was reading a Navy Times editorial written by him that very eloquently supported Navy medicine. When I took command of the Northwest Region I was eager to meet him and



Rear Admiral David Lichtman

express my gratitude for his stance in print. . . he has been persistent and always presses forward.

"With Capt. Bob Hopkins at the helm of Navy Hospital, Lemoore," the Admiral continued, "I know he will continue to move in a positive direction, not maintaining the status quo, but always improving. That kind of approach keeps us growing. It's good for our patients. It's good for the Medical Department, and it's good for the Navy."

A native of La Crescenta, Calif., Capt. Hopkins began his naval career in 1966 when he was commis-

sioned to ensign in the Medical Service Corps upon completion of a bachelor's degree in health care administration. He is reporting to his current post after serving as Director, Health Affairs, in the office of the Assistant Secretary of the Navy (Manpower and Reserve Affairs) in Washington, D.C.

Capt. Hopkins' significant senior management positions include tours of duty at the National Naval Medical Center, Bethesda as Executive Assistant and Officer in Charge of the Presidential Medical Evaluations and Treatment Unit; Director for Administrative Services, Naval Hospital, Oakland; and, as Assistant Chief of Staff, Plans and Operations, Naval Medical Command, National Capital Region.

Capt. Brant will head to Washington, D.C., for his next assignment where he will be reporting to the medical branch of the Naval Military Personnel Command (NMPC).

During his tour at the hospital, Capt. Brant has been a driving force in upgrading and providing excellent medical care for beneficiaries, and has endeared himself to the staff, base and community as well. He said he would have liked to

(Continued on page 8)

Mercy returns home

The hospital ship USNS Mercy (T-AH 19) is back at its usual berth at the Naval Supply Center, Oakland, ready for any contingency after three months of shipyard work.

The mammoth white ship that was serving as a beacon to better health for some 65,000 Filipinos this time last year returned under the Golden Gate Bridge beneath gray overcast skies the morning of April 12.

Mercy was completely drydocked and her hull repainted as part of the post shutdown availability work accomplished while at Northwest Marine Iron Works shipyard in Portland, Oregon.

Some of the work done on the

Mercy was completion of remaining installation projects from the original outfitting by National Steel and Shipbuilding Company in San Diego. Other work undertaken involved modifications to make Mercy a better operating, more efficient hospital ship.

Among the work accomplished during the \$5.5 million post shutdown availability project in addition to the hull repainting:

- modification to the ballast tanks to improve the ship's stability underway;
- installation of a CAT-Scan unit;
- installation of refrigeration



units in the laboratory for storage of a 3,000-unit supply of blood, even during reduced operating status;

- dental lab modifications;
- additional tie-downs and lighting in each of the 12 operating

rooms;

- installation of additional phones and other equipment to improve the ship's communication system.

Above: Tugs help USNS Mercy slide into her berth at NSC Oakland. (Photo by JOI Dan Guilan)

Left: the floating hospital sails underneath the Golden Gate Bridge.

(Photo by JOC Mike McGougan)

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the Chaplain's Corner

by Commander Wayne L. Bouck

Courage is staying power when the results are uncertain.
 Courage is daring to give our best effort, even though we do not feel like making an effort.

Courage is daring to do.

Courage is the spirit behind the doing, the manner in which a thing is done.

Courage is that inner bracing of ourselves to withstand harsh jolts and disappointments, then going ahead without feeling sorry for ourselves.

Courage is stamina in the face of danger, of pain, or when the things we reach for seem hopeless.

Courage is the ability that allows a hungry man to whistle on an empty stomach.

And sometimes Courage is the ability to keep on with our task, to do the work that needs doing, even when our hearts are heavy with lost hope or new sorrow.

Courage is the attitude of never-say-die in a spirit that may be sore, drooping, or even crushed.

Courage is believing that God is still our friend when mankind has deserted us.

Courage is looking away from our present trouble while we get lost admiring the stars.

Courage is steering toward a visionary beyond, through choppy, storm-tossed sea.

Courage is admitting our own weakness, while believing we can travel toward strength.

Mothers: extra special people

by Airman Debbie Davis

"Mom," "Ma," "Ma'am" — whatever we call our mothers — holds a soft spot in our hearts — we love and respect them for what they represent with an overflowing sense of pride and admiration. They leave a lasting impact or legacy on most of us from the time we see light until we go our own separate ways; and, depending on how intense our relationship with them, 'til we gasp our last breath.

The motherhood "profession" is not an easy task and, as some people might comment on the subject, often a thankless one. Yet, most mothers do their jobs wholeheartedly — even to the extent of sacrificing their own happiness and personal goals. Nothing seems to be as pleasing and comforting in the eyes of a mother as seeing her child or children happy and successful.

I know so! I happen to have a mother of whom I'm very proud. I was very lucky when I was a child because my mother took an active part in my life. While I was in school, she was a homeroom mother, volunteered for the school

library, served as a Girl Scout leader, worked at a job full time, and still managed to keep a squared-away household all at the same time.

My mother was always there for all the science fairs and helping with all the school reports. "Mom" was also the one who helped me so much in getting my "God and Community Award." This is a significant award in the Girl Scouts' community.

Besides providing guidance and setting good examples for their children, mothers are influential exponents of ethics. They make sure their youngsters know right from wrong. Most children remember the first time their mothers made them share things with their siblings and playmates, and respect their belongings and other people's property.

I know I am proud that the ethics my mother taught me in my childhood are still with me today. I am also glad to see that my mother continues to live up to the same ideals with which she raised me, even now that I am away from home and mature enough to make my own decisions in life. My mother keeps herself extremely busy, engaging in various church and community

activities such as the "Hands Across America" program and a "walk-a-thon" to raise money to feed the hungry in our hometown back in Ohio and around the world.

Mom continued to be there in my life when I entered the Armed Services. She was there both times when I signed the enlistment papers and raised my hand to enter, first, the Army, and then the Navy. During my three years in the Army, my mother visited me three times in the midst of my adventures. She saw me graduate from Army basic training and then visited me while I was stationed in West Germany and again while I was assigned at Fort Stewart, Georgia. She has continued to give me encouragement in my Navy enlistment. She saw me graduate from Navy basic training in Orlando, Florida, and visited me last summer in northern California. She is proud of my accomplishments in the Navy, especially while assigned with Naval Medical Command, Northwest Region. I am gratified that my mother has been able to come visit me during my travels in the military. Every service person likes to keep a little (Continued on page 3)

FOR NOR'WORDS WITH MOTHER LOVE

"What is the fondest memory of your mother?"



Ms. Norma Lewis, Education and Training Office, GEOCOM

"My fondest memory of my mother is her ability to remain calm when the storm in life is raging. When my 10-year-old sister was struck and killed by a drunk driver 15 years ago, my Mom cried but her words remain in my conscience. She said, 'Remember Norma, everything in life is not without a good purpose.' Those words have helped me remain calm, regardless of the outer circumstances and conditions around me. I am more aware of the circumstances and conditions of my attitude."



Lt. Cmdr. Jim Barrett, Acting Assistant Chief of Staff for Logistics, GEOCOM

"Her warmth, her love, her sense of humor; her always being there and her being supportive of me when I need someone to talk to; and her oatmeal-raisin cookies."

HM3 Valerie J. Temme, Command Master Chief's Office, Naval Hospital, Oakland

"I don't think there is one specific memory that stands out. There have been many. My mother has always been there for me no matter what. When I was sick, she cared for me; when I fell down, she picked me up; and when I was sad, she made me smile. All of these things are fond memories to me."



SN Gena M. Bach, Director of Administration's Secretary, Naval Hospital, Oakland

"My fondest memory is seeing her at the gate the night before my boot camp graduation. She told me how proud she was of me and how I would be a chief (like my brother



DN Derek L. Harts, Naval Hospital, Oakland

"I have so many great memories of my Mom. It's hard to pick just one. But the one that sticks out the most was that she was always a great cook. That meant a lot to me especially when I was on a ship thousands of miles away from home. We wrote back and forth often and I had mentioned how I really liked her biscuits. She always had a great sense of humor so she sent me one plain biscuit wrapped in newspaper and I got it about three weeks later. By then you could have played hockey with it."

"No matter where I was, she always made me feel good and supported me 100 percent. I don't really



have enough space in this paper to tell her how much I loved her."

HM3 Carl J. Kinzel, Special Services, GEOCOM

"During Mother's Day 13 years ago, I went into a flower shop to buy my Mom an African violet but didn't have enough money to pay for it. I put down my week's allowance of \$0.50, and worked the rest off at the store. She still has the same plant today!"



Photos by Airman Debbie Davis

May 6



Lt. Cmdr. Ayers (right) discusses with his colleagues matters on tri-service medical integration in the Bay Area.

(Photo by AN Debbie Davis)

NW Comptroller honored

Lieutenant Commander James L. Ayers, Comptroller for the Naval Medical Command, Northwest Region and currently assigned to Joint Military Medical Command, has been advanced to a Fellow of the American Academy of Medical Administrators.

The advancement is the highest honor an academy affiliate may achieve, an indication that the recipient has accomplished a level of distinguished prominence in the health care field.

"I'm very pleased and honored," said Lt. Cmdr. Ayers. "This honor is a combination of work experience, various positions held and professional organizations and case studies I have been involved with in the past."

The purpose of the American Academy of Medical Administrators is to provide a professional organization dedicated to developing innovative concepts in the field

of health care administration and to the promotion and advancement of its members in knowledge, professional standing and personal endeavors through education and research in management, administration and the philosophy of health care.

The academy is an international professional society which encourages and fosters a scientific approach to the practice of medical administration; provides a means of intercommunication; promotes, conducts, and institutes educational courses in this specialty; establishes and maintains a criterion of competency for those engaged in this profession; and provides for recognition of those performing noteworthy service in health care leadership.

Lt. Cmdr. Ayers' immediate goal as it has always been in the past is to continue to grow professionally and to advance in positions held.

Others: special people

(Continued from page 2)

of home with them in their military travels.

It is my hope that as we celebrate Mother's Day military people everywhere will take a moment to think of their mothers or the women who

have served as their mother figures and try to show how much they love them. A token of affection may be anything from a hand-made card or a simple "I love you" call on the telephone. Whatever the gift or the

Tri-Service health fair slated

A tri-service health fair with dozens of medical exhibits and demonstrations will take place as part of Armed Forces Week on San Francisco's Marina Green May 11-15. The fair is free and open to the public.

Medical participation from Naval Medical Command, Northwest Region commands include:

Ambulance/first-aid — Naval Medical Clinics Command, San Francisco

Dental Hygiene and mobile dentistry — Naval Dental Clinic, San Francisco

Just Say NO — Navy Drug Screening Laboratory, Oakland

Physical Therapy — Naval Hospital, Oakland

STD — Naval Medical Clinics Command, San Francisco

Other Navy commands participating with displays include the Navy Hospital Ship USNS MERCY, and the Navy Supply's Fleet Hospital Support Office, Alameda.

Marina Green will be covered with other exhibits of the military's high-tech equipment including tanks, helicopters, a Bradley

Fighting Vehicle and armored personnel carrier.

Military bands will perform at several San Francisco locations on May 9 and 10.

Other entertainment at Marina Green includes USO type canteen shows and a special appearance by Marie Osmond May 13 at noon and again at 5 p.m.

For additional Armed Forces Week activities, contact the Sixth Army Public Affairs Office at 561-3861.

USO shows top Armed Forces Week bill

PRESIDIO OF SAN FRANCISCO — USO will "strike up the band" with mini-USO shows of singers, dancers and musicians as part of "Army Days '88", May 7-10, and Armed Forces Week May 11-15.

The San Francisco USO will present a variety of shows at Hamilton Army Airfield in Novato as part of the Army Days '88 "Wings of Victory" Airshow and at the Marina Green in San Francisco as part of Armed Forces week.

At Hamilton Army Airfield, USO shows will entertain continuously from 12 p.m. until 5 p.m., May 7 and 8. The Marina Green will have three shows during the weekend, May 14 and 15, beginning at noon.

A wide variety of entertainment includes Bay Area mariachi bands, dance companies and variety acts. Some scheduled performers include: Luciana Tison and Company, who perform belly and jazz dances; the Isabell Starr Dance Company; a Sweet Adeline quartet; the Cabral Dancers; "Special Blend," a country music duo; and vocalist Shirley Rogers.

USO shows, aerobic demonstrations, military exhibits and band performances are scheduled to be held both at Hamilton Army Airfield and the Marina Green and dur-

gesture of love is, as long as it is given with sheer thoughtfulness and loving care, it will be greatly appreciated. Just ask my mother!

ing "Army Days '88" and Armed Forces Week.

Hamilton Army Airfield, Novato
May 7 and 8
10 a.m. to 5 p.m.

"Golden Knights" Parachute Team
"Wings of Victory" Air Show
USO shows
Health Fair
Military Vehicles Collectors Club

Marina Green, San Francisco
May 11
10 a.m. to 5 p.m.

Aviation Displays
Combat Field Kitchen
Health Fair with Navy Medical Displays
Reverse Osmosis Water
Military Bands
Food Booths

Marina Green,
May 12
10 a.m. to 5 p.m.
Health Fair with Navy Medical Displays
Combat vehicles
Purification equipment
Military Bands
Food Booths

Marina Green
May 13
10 a.m. to 4:30 p.m.
Marie Osmond; Two Shows
12 p.m. to 1 p.m.
5 p.m. to 6 p.m.
M1 Tank
Bradley Fighting Vehicle
Aerobic Shows
11 a.m. & 4 p.m.
Military Bands
Food Booths

Health Fair with Navy Medical Displays

Marina Green
May 14
10 a.m. to 5 p.m.

Health Fair with Navy Medical Displays
Engineer equipment
Artillery displays
USO shows
Military Bands
Food Booths

Marina Green
May 15
10 a.m. to 5 p.m.
Vintage Aircraft
Health Fair with Navy Medical Displays
USO shows
Military Bands
Food Booths

Successful missile test

The Navy successfully conducted its tenth test flight of the Trident II (D-5) missile in Cape Canaveral, FL, April 7.

This launching follows the Jan. 21 malfunction of a similar test missile that had to be destroyed by ground controllers less than three minutes into flight.

Trident II missiles are designed for submerged firing from Ohio-class fleet ballistic missile submarines beginning with USS Tennessee (SSBN 734).

The first submerged launch from a trident submarine is tentatively scheduled for the summer of 1989.

ARC volunteer salute planned

The American Red Cross will hold its annual volunteer recognition ceremony May 26 at 9:30 a.m. in the Clinical Assembly of Naval Hospital, Oakland. A reception will follow in the conference room across the hall from Clinical Assembly. All military and civilian staff members are welcome.

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Lemoore pilot flies donor heart

A Navy pilot became the "strong relay runner" in a race for life in Alameda recently, in which the winner was an Illinois cardiac patient.

Commander Jim Noland, executive officer of Attack Squadron 122 (VA-122), based at Naval Air Station (NAS) Lemoore, Calif., flew from NAS Lemoore to Chicago, Ill., to deliver a donor heart to Loyola University officials.

"It was an opportunity to help someone," said Noland, 39. "I had to do what I could."

Flying a two-seat training version of the A-7 Corsair II, Cmdr. Noland met officials of Oakland's Highland Hospital at NAS Alameda to pick up the human heart.

The Navy's jet was used because it would be able to meet the deadline

and an Air Force jet was not available to make the flight.

With the heart container strapped in the aircraft's back seat, Noland then flew non-stop from NAS Alameda to Chicago's Midway Airport where he was met by Loyola officials. The heart container was transferred to a commercial emergency flight helicopter and transported to the hospital.

Time was a crucial element in getting the heart to Chicago because the heart had to be at Loyola Hospital in less than 3½ hours to be usable for transplant. Cmdr. Noland's flight time was 2 hours and 26 minutes. He spent most of that time monitoring the fuel supply.

"As you push the power up and go faster, you use more fuel," said

Cmdr. Noland. "So I sat there calculating how much time I had left to go and how fast I could go to get there with the absolute minimum of fuel."

Quick action and response by Cmdr. Noland, Highland and Loyola University Hospital doctors resulted in a successful heart transplant.

The heart recipient, 31-year-old Hiram Randolph, is now in stable condition and his new heart is working fine.

Meanwhile, Noland says several people in his squadron deserve credit for making the evolution successful.

The VA-122 maintenance crew rushed to file flight plans, prepare charts and inspect the jet for flight.

AIDS policy for CivPers outlined

Under a new government policy, DoD civilians and other federal workers can be disciplined by their supervisors if they refuse to work with an AIDS-infected colleague.

In a memorandum to agency and department heads outlining the new regulations, Constance Horner, director of the Office of Personnel Management, said, "The federal government, as an enlightened and compassionate employer concerned with the health and welfare of its employees, has an obligation to show the way in addressing the realities of the AIDS epidemic."

Thomas Garnett, director of workforce relations training and staffing policy in DoD's Office of Civilian Personnel Policy, said the new Office of Personnel Management guidelines are consistent with DoD policies regarding AIDS.

The guidelines say:

- Employees infected with HIV (human immunodeficiency virus, which causes AIDS) should be allowed to continue working as long as they are able to maintain accep-

table performance and don't pose a health or safety threat to themselves or others in the workplace.

- HIV-infected employees should be treated in the same way as employees who suffer from other serious illnesses.

- There is no medical basis for employees refusing to work with HIV-infected persons.

- Employees' concerns about AIDS in the workplace should be taken seriously and addressed with appropriate education and counseling.

- If education is unsuccessful and managers determine that an employee's unwarranted threat or refusal to work with an infected employee is impeding or disrupting the organization's work management should consider appropriate action against the threatening or disruptive employees, including dismissal.

According to Air Force Dr. (Lt. Col.) Michael R. Peterson, senior policy analyst for health promotion in the Office of the Assistant Secre-

tary of Defense for Health Affairs, the kind of contact that generally occurs among workers and clients or consumers in the workplace does not pose a risk for transmission of AIDS.

The Office of Personnel Management directive stresses the need to educate federal employees to increase their understanding of AIDS. Agencies should train managers and supervisors on the medical and personal dimensions of AIDS so that they properly can handle personnel situations where AIDS is a factor.

The directive also says agencies should grant leave to HIV-infected employees in the same manner as they would grant leave to employees with other medical conditions. Similarly, employees' assignments or schedules should be changed under the same policies used for other medical conditions.

Infected employees will be allowed to continue their Federal Employees Group Life Insurance, but won't be allowed to increase it after they become seriously ill.

Health Fair at NAVSTA T.I.

On Friday May 20, the Naval Technical Training Center, Treasure Island, will host a health fair. The event, which is free and open to the public, will be held at the Treasure Island gymnasium. Exhibits will be on display both inside the gym and (weather permitting) in the parking lot.

The fair will be in operation from 10 a.m. to 3 p.m. A wide range of activities are planned.

The American Red Cross will provide "CPR" demonstrations. The California Highway Patrol will show a film on seat-belt safety. There will be free blood pressure testing by the Treasure Island Branch Clinic. And an anti-drug presentation will be given by San Francisco's Marshal Hale Hospital.

Several other presentations will be made by both Navy and civilian health-related agencies.

Sports activities will also be part of the fair. These include a weightlifting workshop, a softball tournament, and a swimming/running biathlon.

The fair is being planned as part of May's designation as Navy Health and Fitness Month. For further information contact the event's coordinator, Major Al Woltz at (415) 765-5675.

U.S. SAVINGS BONDS
THE GREAT AMERICAN INVESTMENT

Hospital Corps Birthday Ball
Hyatt Oakland International
June 11, 1988
6:30 p.m. - 1 a.m.

Tickets are now on sale:
Active duty: \$20 (Single)
\$35 (Couple)
All others \$25 (Per ticket)

For further information, contact
HMCS Harvey Wehry at 633-5289.
Live Band plus entertainment galore.

Depression: common malady explained

Depression, also known as clinical depression or depressive disorders, is the most prevalent mental illness in the United States. According to the National Institute of Mental Health (NIMH) in its *Mental Health, United States 1985* report, 31.4 million Americans suffer from this illness. Children as young as five have been treated, although the peak years for depression are ages 25-44, with women being twice as likely as men to develop major depression.

Some depression is common in everyone's life. It is usually caused by a life crisis, such as the death of a loved one, moving away from family and friends or the break-up of a marriage. Clinical depression worsens, however, lasting from several weeks to several years unless it is treated.

Important indicators of depression are:

- general sadness
- difficulty in making decisions
- changes in eating and sexual habits
- inability to concentrate, making reading and writing difficult
- insomnia or restless, agitated sleep
- withdrawal from social contact
- increased sensitivity to words and actions
- fear of rejection

These indicators of adult depression are also indicative of depression in adolescents. A young person's depression, however, is different from an adult's in several important ways. There is some indication that adolescents experience more loneliness than other age groups.

The position of the young person in today's society may contribute to a sense of meaninglessness, powerlessness and isolation. If the adolescent displays some of the following symptoms for more than a few weeks and is doing poorly in school, seems socially withdrawn and not interested in once-enjoyed activities, the individual should be evaluated for a possible depressive illness.

The high rate of adolescent depression and suicide has prompted researchers to identify the following important symptoms:

- overreaction to criticism
- anger, rage, verbal sarcasm and attack
- guilt
- feelings of being unable to satisfy ideals
- pessimism about the future
- death wishes, suicidal thoughts, plans or attempts
- rebellious refusal to work in class or cooperate in general

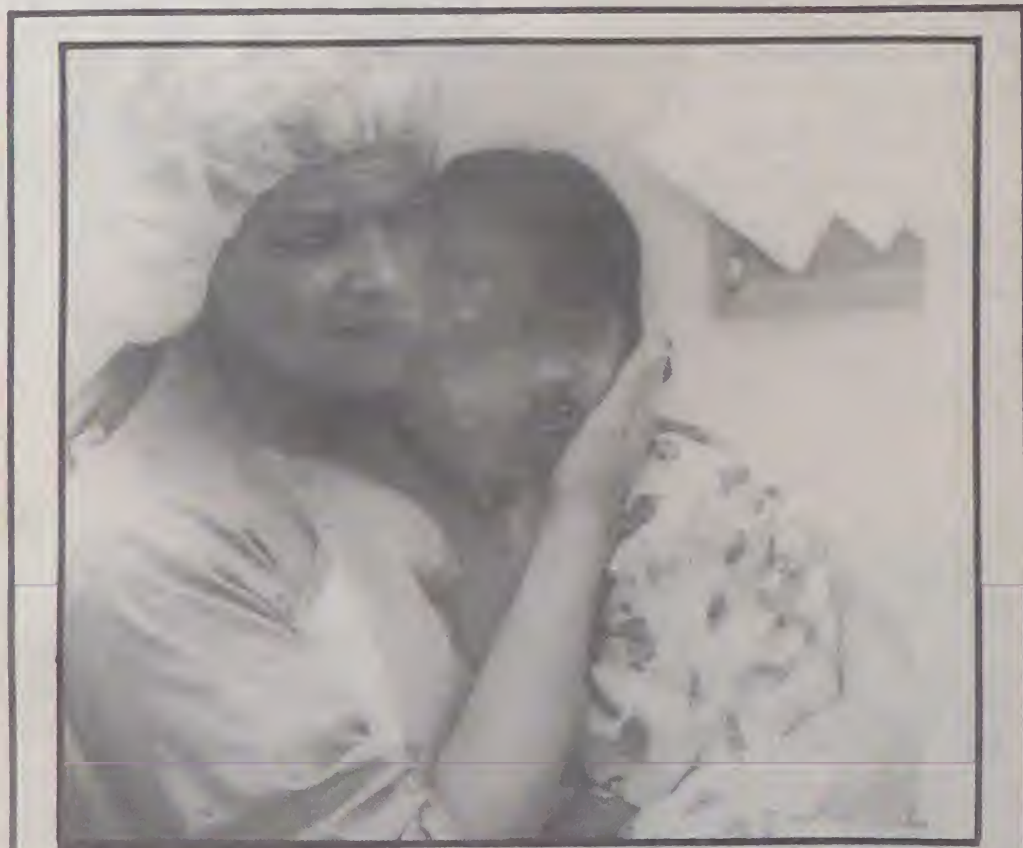
Findings from various studies show that two serious complications that frequently accompany depression are alcoholism and suicide. Of those with a major depressive illness, 20-70 percent have drinking problems and approximately one out of every six will commit suicide. In 1980, 16,000 suicides were attributed to depression.

Research also shows that depression is a recurrent illness, with studies suggesting that 70-90 percent of depressed individuals will experience more than one episode or have chronic depression that is characterized by persistent symptoms and significant problems in social functioning. Depression is not an illness that will simply go away on its own.

Depression can be treated. Although extensive research is being conducted, the causes of the illness are not clear. A recent NIMH study suggests that there is a genetic factor which predisposes an individual to depression, while others believe it is a result of a chemical imbalance in the brain. Regardless of its causes, however, a combination of medication and psychotherapy is useful in treating the symptoms of depression and helping people to function.

The important thing to remember is that depression is treatable. Research indicates that as many as 80 percent of people experiencing serious depression can be helped. When the signs of depression are recognized, professional help should be obtained.

For a free sample copy of a *Depression* or an *Adolescent Depression* brochure, send a self-addressed, stamped envelope to the National Mental Health Association, 1021 Prince St., Alexandria, VA 22314-2971.



Lieutenant Commander Suzan Mader, an OR nurse assigned aboard the floating hospital ship USNS Mercy, typifies today's Navy nurses—hardworking, intelligent and committed to providing excellent Navy medical care.

May 13 Nurse Corps Day

On the occasion of the 80th anniversary of the Navy Nurse Corps, I wish to express my best wishes and sincere appreciation to all Nurse Corps officers throughout the world.

Since 1908, Navy nurses have proudly and unselfishly met a myriad of challenges. The Nurse Corps has continued to serve with spirit and dedication and provided care in a rapidly changing and diverse environment. Navy nurses can take great pride in the outstanding unselfish manner in which they have cared for all Navy and Marine Corps beneficiaries.

These are challenging, yet exciting, times for all of us. In a spirit of "renewal" I encourage each of you to reflect on your achievements and to recognize your unique contributions to Navy medicine.

I congratulate each of you for your dedicated support of the Navy Medical Department. I wish you a very joyous anniversary and great success in the ensuing year.

—Rear Admiral Mary F. Hall, Director, Navy Nurse Corps

Kid obesity grows

At a time when most Americans seem concerned with getting in shape, shedding extra pounds and generally living a healthier lifestyle, there is a group being left behind—our children. They are being left behind to sit back, eat poorly, watch television and live a generally inactive lifestyle that can lead to obesity.

Obesity is defined as a body weight 30 percent higher than the values listed on accepted height and weight tables. Recent studies show that the total number of obese children ages 6 to 11 has grown 54 percent in the last 15 to 20 years. Among 12-17 year olds, the prevalence of obesity has increased 30 percent. And the incidence of obesity is twice as high among preadolescent black children than in preadolescent white children.

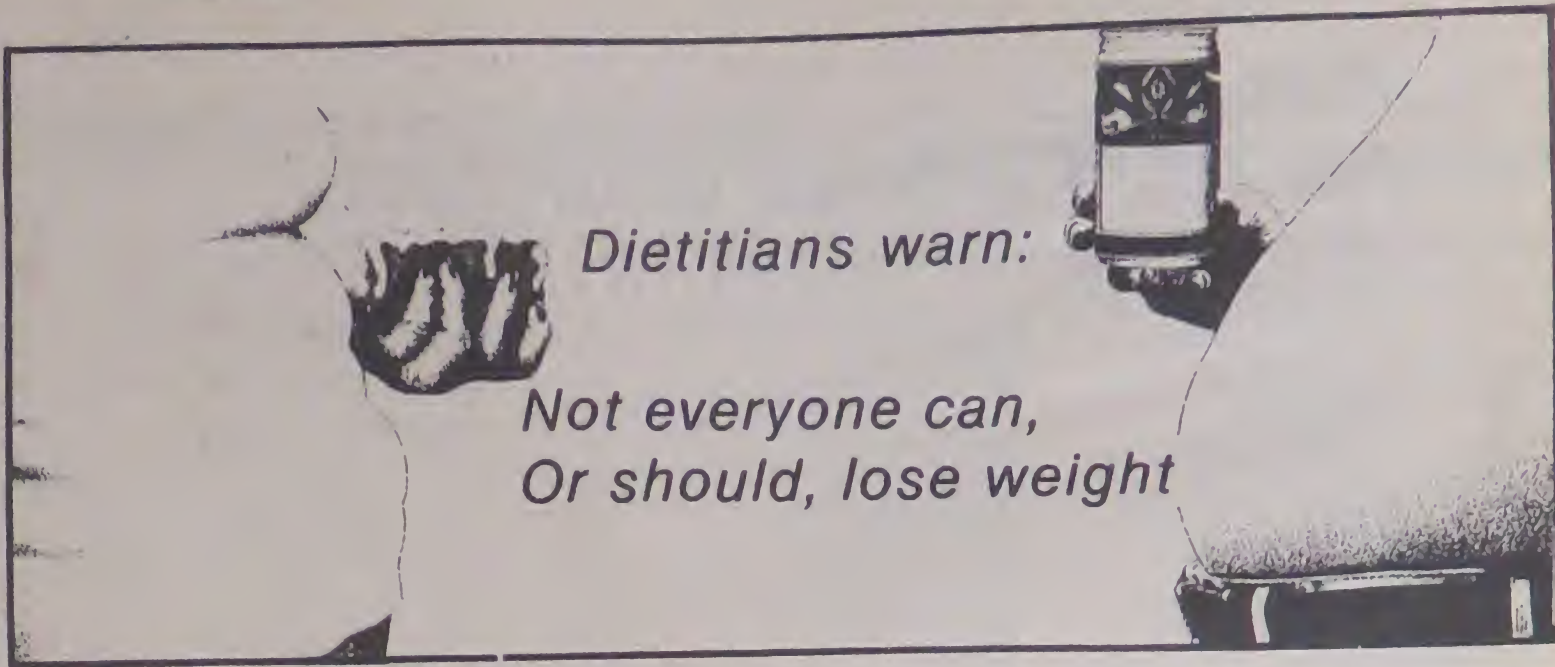
The problem of childhood obesity is not that it's just physically unattractive, or psychologically damaging in the formative years. It also poses a significant potential health problem for youngsters. Some experts think obesity is an independent risk factor for heart disease. It is a strong contributing factor to two other heart disease risk factors, high blood pressure and adult onset diabetes. In addition, overweight children usually have higher blood pressure than children who are not overweight.

Heredity plays a big role in this problem, meaning every child is not at equal risk. But there are other contributing factors. Many scientists are pointing an accusing finger at television. Children eat more while they watch television, and they watch a lot of it. They also have a tendency to eat more of the foods advertised on television. The message to them says they will be thin no matter what they eat, because everyone on the screen is thin.

The solution? A combination of proper diet and exercise will help provide the answer to this growing problem.

Exercise has become a national, recreational pastime, and more and more people are beginning to realize that not only is exercise good for their health, it's also fun. Parents can take the lead by encouraging children to get out of the house and away from the television by limiting TV viewing time. They can offer exercise suggestions from bicycling to roller skating. Mom and Dan can get the physical activity they need in their lives, too, by joining their children in exercise. When it's time for a favorite show on TV, a low-calorie snack like popcorn, without the butter and salt, can be prepared to satisfy the munchies.

Your local American Heart Association can help provide the guidelines for diet and exercise that will help combat the problem of childhood obesity. The answer lies in educating parents, teachers, and most importantly, the children themselves. Ultimately, the best hope is the children will assume responsibility for their problem. Good health habits formed early in our children's lives will follow them for a lifetime.



Dietitians warn:

**Not everyone can,
Or should, lose weight**

Chicago — More than twenty million Americans currently are on a diet. Whether these dieters are strictly modifying eating habits or constantly cheating, many are melting away those extra pounds and inches. Yet, it is no secret that for some people, dieting can be extremely frustrating. Simply following the rules of a particular weight control program doesn't necessarily lead to results. For them, one question always comes to mind, "Why can't I lose weight?"

According to The American Dietetic Association (ADA), the inability to lose weight can be the result of several factors which a dieter may not be able to control. ADA recommends that not everyone can expect to diet their way to a perfectly-proportioned body, and it's extremely important to set realistic weight loss goals with this in mind.

"Heredity and family history play an important role in determining a person's overall body size and shape," says Janice Neville, DSc, MPH, RD, and president of the 56,000-member Association. Anyone interested in starting a weight control plan ought to examine the

body sizes and shapes of relatives and family members. "Like it or not, those of us from tall, large-boned families that have genes which set us up for a size 12 dress or size 44 business suit, are unlikely to attain a size 8 or 40. A person needs to consider this when he or she sets his weight control plan."

Contrary to popular belief, frequent dieting may lead to an unfortunate and undesirable result — weight gain. "There is evidence to suggest that when a person goes on a starvation diet and limits the amount of food eaten, the body adjusts to this limited caloric intake," says Neville. If a person doesn't eat for a period of time, his or her metabolism will automatically slow down to conserve the reduced number of calories consumed. "Once a dieter reverts back to reasonable eating habits, his or her body will continue to operate at the lowered calorie level and won't use all the food efficiently. As a result, these extra calories will turn to fat and the person may gain weight."

According to ADA, anyone can work to prevent this problem by setting a realistic daily caloric intake level and following it. To determine

this, one should use the "ten calorie" guideline and start by multiplying their body weight by ten. This will give the total number of calories one should consume daily for weight control. For example, a woman weighing 130 pounds should consume a minimum of 1300 calories each day.

Today's hustle and bustle are other factors that can work against any dieter with good intentions of losing weight. People under a lot of pressure often turn to food to calm them or to take their minds off problems. An overloaded schedule may force someone to skip meals, eat convenience foods that are high in fat, or even to pass up a regular exercise routine, just to save a bit of time. These actions will prevent individuals from reaching their weight loss goals.

For the best results, a person should not consider starting a weight control program at a time when he or she is trying to balance a new job and a busy social life. Chances are it will be hard to stick to the diet under these circumstances, and failure to lose weight will only add to the existing stress.

Egg hunt fun event

Text and photos by JOI Dan Guiam

This year's Easter Egg Hunt sponsored by Naval Hospital, Oakland's CPO association was bigger than ever. Children of all sizes, shapes and ages swarmed the baseball fields in "full force" in search of the prize-winning eggs, much to everyone's fun and frolic. An overflowing assortment of candies, chocolates and other kiddie delights pampered the gastronomical appetite of the children—and for free! Balloons and cotton candies added to the festive spirit but were sold to raise money for the upcoming Hospital Corps Birthday Ball on June 11.

The morning affair ended with lots of kids not wanting to leave. They wanted more fun and goodies. One kid, a five-year-old, was overheard saying to his dad, "Why can't we have this kind of fun everyday? His brother butted in and said, "The Easter Bunny comes out only once a year, that's why!"



NOR'WATCH

Awards from around GEOCOM

NAVYCLINIC BREMERTON
Navy Meritorious Service Medal
Capt. N.L. Davis (Ret)

Navy Commendation Medal
Capt. J.P. Grisham

C.O. Letter of Commendation
YN1 A.R. Boddie
DT2 D.P. Miller

C.O. Letter of Appreciation
DT1 S.M. Olson
DT3 B.L. Dorn

Advancement
DT1 S.J. Kennedy

BRANDENCLINIC IDAHO FALLS

COMNAVBASE Seattle
Letter of Commendation
DN S.A. Gebhart

C.O. Letter of Commendation
DN S.A. Gebhart

BRANDENCLINIC BANGOR

C.O. Letter of Commendation
DT1 E. Perez
DN V.L. Karp

C.O. Letter of Appreciation
DT1 E. Perez

Good Conduct Award
DT2 S.L. Smith
DT3 J. Raymond
DN R.D. Timmons
DN N.R. Walsh Jr.

BRANDENCLINIC WHIDBEY ISLAND

C.O. Letter of Appreciation
DT3 K.J. Crawford

Advancement
DT3 R.S. McNamee

BRANDENCLINIC ADAK

C.O. Letter of Commendation
DT2 M.A. Metzger

BRANDENCLINIC SEATTLE

Good Conduct Award
DT3 B.A. Moeller

NAVYCLINIC SAN FRANCISCO

Navy Achievement Medal
DT1 Bertha L. Boughton

Letter of Commendation
DN Linda C. Faix
DN Brenda D. Willis
SN Patricia L. McLean

Letter of Appreciation
Cmdr. Barry B. Hoffman

Lt. Cmdr. Scott R. Faivre
Lt. David A. Cain
DTC Humboldt T. Ramirez
Ms. Barbara J. Ford

NAV MEDCLINIC SAN FRANCISCO

Reenlistments
HMC Thomas J. Foley
HM2 Sandra D. Saunders

HM2 Clarissa L. Martinelli

NAV MEDCOM NW REGION

Military Awards

Navy Achievement Medal
HMCS Dave Beck

Letter of Commendation
Lt. Craig Anderson
HMCS Tom Ellis
HM1 Martin Millage
LN2 Tanya Johnson

Advancements
SK2 Baron Bones
MS2 Raymond Carter

Good Conduct Award
HM1 David Fettig (3rd)
HM1 George Lee (3rd)

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Navy Achievement Medal
HMC John Rivers

Civilian Awards

Quality Step Increase
Carol Davis

Performance Award
Sydney Santos

Chris Lessler
Hattie Thompson
Penny Becchio
Sherry Robinson

Special Act Award

Susan Astorga
Irma Geter

Letter of Commendation
Herb Lindemann

Length of Service Award
Bruce James

Vivian Williams
Ned Cronin
Bertie Davis
Amy Beard
Mary Walker



HMC John Rivers



O.R. School To graduate 11 students

A graduation ceremony is scheduled today for 11 students of Operating Room Technician School, Class 88005. The ceremony is to be held in the Clinical Assembly of Naval Hospital, Oakland, at 10 a.m.

The course covered 10 weeks of didactic instruction on aseptic technique and 16 weeks of clinical experience in the different surgical services.

The graduates and their duty stations are:

HA D. Ackerman
HM3 J. Aldea
HM3 S. Brooks
HA B. Green
HM3 C. Gregg
HM3 K. Michalski
HM3 C. Mullen
HM3 M. O'Donnell
HM3 Stangland
HA D. Tarbet
HA P. Wiley

Naval Hospital, Pensacola, Fl.
Naval Hospital, Oakland
3rd MED BN, 3rd FSSG, Okinawa, Japan
3rd MED BN, 3rd FSSG, Okinawa, Japan
Naval Hospital, Oakland
Naval Hospital, Okinawa
Naval Hospital, Portsmouth, Va.
Naval Hospital, San Diego
Naval Hospital, San Diego
Naval Hospital, Oak Harbor, Wa.
Naval Hospital, Newport, R.I.

Letter of Appreciation
Rudy Canites

Retirement Certificate
John Sesto
Rosemary Williams

NAVYCLINIC SAN FRANCISCO

Letter of Commendation
Length of Service Award
Ms. Bobbie J. Hayes



Ex-SOY selected for MSC

Chief Hospital Corpsman Gary Angell of Naval Hospital, Oak Harbor, 1987 Naval Medical Command, Northwest Region Sailor of the Year as an HM1, has been selected for a program leading to a commission as a Medical Service Corps officer.

HMC Angell, currently assigned to Oak Harbor's Fiscal/Supply Department, was chosen to participate in the Medical Service Corps (MSC) inservice procurement program for Naval hospital administrators. He will trade his "anchors" for ensign "bars" when he is commissioned an MSC officer after completing a two-year degree program in health care administration.

Ms. Bobbie J. Hayes beams with pride as Captain D. Antrim, Naval Dental Clinic, San Francisco's CO, presents her with a 25-year Length of Service Award and a Letter of Commendation. Ms. Hayes has been with the clinic for 14 years, and has been recognized on numerous occasions for her outstanding performance and dedication to duty.

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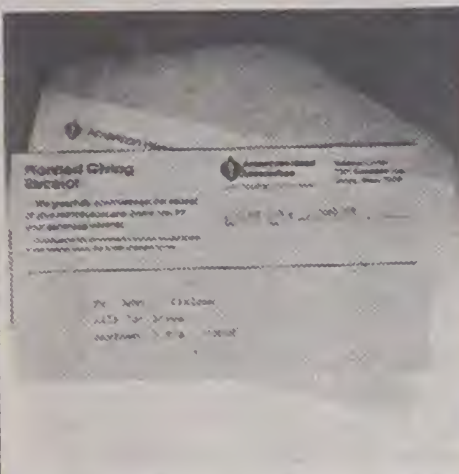
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May Intramural softball schedule

Date	Ball Field	Time	Match
May 9	# 1	5 p.m.	GEOCOM vs Snerf
May 9	# 1	6:30 p.m.	O.R. vs CPO
May 10	# 1	5 p.m.	P.T. vs Master Baiters
May 10	# 1	6:30 p.m.	Psychedelics vs EM's Club
May 11	# 1	5 p.m.	Misfits vs Snerfs
May 11	# 1	6:30 p.m.	PEDS/OB vs Suds Busters
May 12	# 1	5 p.m.	CPO vs GEOCOM
May 12	# 1	6:30 p.m.	Radiology vs PMT School
May 16	# 1	5 p.m.	Suds Buster vs Psychedelics
May 16	# 1	6:30 p.m.	EM's Club vs P.T.
May 16	# 2	5 p.m.	Snerfs vs O.R.
May 16	# 2	6:30 p.m.	Master Baiters vs. Misfits
May 17	# 1	5 p.m.	PED/OB vs CPO
May 17	# 1	6:30 p.m.	Suds Busters vs EM's Club
May 17	# 2	5 p.m.	PMT School vs Psychedelics
May 18	# 1	5 p.m.	P.T. vs CPO
May 18	# 1	6:30 p.m.	Misfits vs Radiology
May 18	# 2	5 p.m.	Psychedelics vs Snerfs
May 18	# 2	6:30 p.m.	PEDS/OB vs EM's Club
May 23	# 1	5 p.m.	Master Baiters vs Psychedelics
May 23	# 1	6:30 p.m.	EM's Club
May 23	# 2	5 p.m.	Snerfs P.T.
May 23	# 2	6:30 p.m.	CPO vs Misfits
May 24	# 1	5 p.m.	O.R. vs PMT School
May 24	# 1	6:30 p.m.	Suds Busters vs Radiology
May 25	# 1	5 p.m.	Master Baiters vs Suds Busters
May 25	# 1	6:30 p.m.	Psychedelics vs Radiology
May 25	# 2	5 p.m.	P.T. vs PMT School
May 25	# 2	6:30 p.m.	Misfits vs GEOCOM
May 26	# 1	6:30 p.m.	GEOCOM vs O.R.
May 31	# 1	5 p.m.	PMT School vs GEOCOM
May 31	# 1	6:30 p.m.	EM's Club vs Master Baiters
May 31	# 2	5 p.m.	CPO vs Psychedelics
May 31	# 2	6:30 p.m.	Radiology vs P.T.

NAVHOSP Oakland rips Moffett Flyers

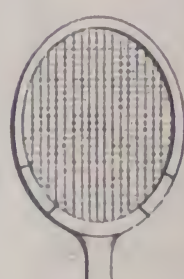
Naval Hospital, Oakland's men's varsity softball team launched the 1988 season with a 15-4 drubbing of the NAS Moffett Field Flyers team. Oak Knoll tallied 20 hits and 9 of 11 batters had at least one hit.

Rookie, Hospitalman Kurt Stiefer, was outstanding with a pair of back-to-back home runs and a 4-for-4 outing. Lieutenant Commander Tom Goselin pitched and stayed ahead in the count and kept the Moffett batters off-balance for the entire contest.

HN Jon Havers, HN Paul Pariseau, HM2 Jeff Schanner and HM3 Brian Waller proved to be a formidable curtain in the infield.

Special thanks go to HMCM Tom Dangelo, Naval Hospital, Oakland's command master chief, for throwing out the first ball.

Lt. Cmdr. Ossie Watkins, the team's coach, urges everyone to come out and cheer for the command's hardworking and eager men's and women's varsity teams as they compete in the Central Pacific Sports Conference.



Oak Knoll tennis tourney Sign-up deadline nears



Applications are now being accepted for the 1988 Oak Knoll Tennis Tournament to start in early May. This tournament is open to all active duty male and female personnel attached to Naval Medical Command, Northwest Region compound facilities (schools, drug screening lab, etc., in addition to headquarters staff) and Naval Hospital, Oakland. Top four open men qualifiers will advance to the Central Pacific Sports Conference Championships (CPSC) to be held at Oak Knoll June 13-17. Top four women, junior veterans and seniors will advance to the CPSC also to be held at Oak Knoll June 14-17. Call Ron Brown at ext. 6014 for more information.

CNO raps Pay critics

In a series of recent interviews with major national news media, Chief of Naval Operations (CNO), Admiral Carlisle A.H. Trost, used the examples of recent actions in the Persian Gulf and the tragedy aboard the USS Bonfish to illustrate his commitment for proper compensation for Navy personnel.

The CNO strongly dismissed Government Accounting Office (GAO) study which said military people are compensated at a level 2 percent higher than their civilian counterparts. He also criticized a recent report which said that it was unfair for military people to be compensated at a higher pay raise percentage than civilians.

"The average civil servant in Washington is earning a considerably higher salary than the guy who deploys for six months at a time or the guy whose submarine just exploded," said the CNO. "So I have a little trouble with equity of employment in these cases."

In a message directed at Congress, the CNO warned that we must be "very, very alert" to a potential problem with military salaries.

Adm. Trost, in those same interviews, lauded the recent performance of Navy personnel in the Persian Gulf.

"I was extremely proud of all our people out there," the Admiral said. "All of our people demonstrated a very high level of professionalism, coordination and competence. I can offer the observation of a lot of personal pride and satisfaction in the way they did their jobs."

The CNO also praised the performance of USS Samuel B. Roberts' crew. He noted that, though the ship was built with adequate toughness to survive damage, it was the "action of a very well-trained crew that clearly contributed to the saving of the ship."

"It was the actions of the crew to fight and successfully combat the fire, taking various damage control measures to shore up weakened bulkheads and decks and lashing together areas that had cracked that really kept the ship afloat and brought her safely into port," CNO said. "They really did an absolutely spectacular and professional job of damage control in reaction to a tough situation."

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Lemoore CO

(Continued from front page)

stay in Lemoore for another year.

"Lemoore is a community," commented Capt. Brant. "There's a difference between the larger places I've gone to. In this hospital I get the feeling among the staff they feel an important part of the surrounding area. We are a service organization for the Navy community which is representative of the air station and the city of Lemoore."

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NORWESTER

The Voice of the Naval Medical Command, Northwest Region

NAVHOSP Oakland releases
Tiny 'miracle baby' Elsa

by JOE T.S. Beggs

Less than a pound at her birth, Elsa beat the odds of survival.

Elsa Marie Gustafson, smallest premature baby in the 46-year history of Naval Hospital, Oakland to survive, was released to go home to Vallecito with her parents on May 2.

Prior to her release, Elsa, now weighing a much healthier 4 pounds, 19 ounces, and her parents became media celebrities when many Bay Area radio-TV and newspaper reporting teams gathered at the Naval Hospital to record the historic story during a news conference.

After the news conference, Naval Hospital staff members involved in Elsa's care during the first four months of her life held a "going home" party in honor of the tiny "bundle of joy" and her parents.

Elsa had a very slim chance of survival when she was born January 11, 1988, weighing only 440 grams (15 ounces).

"We knew that the hospital would give her the best environment possible, but that it was really up to her (Elsa)," said the father, Lieut-

enant Commander Walter A. Gustafson, Commanding Officer of the Naval Reserve Center in Vallejo. "Elsa was going to have to do it on her own."

That is what Elsa did despite her size — and the statistical odds which she faced. Nearly 40,000 babies die in the United States each year before their first birthday. The largest number of deaths occur among babies born weighing less than 1,000 grams (about 36 ounces). These infants are among only one percent of the total births, but account for 60 percent of the deaths occurring within the initial 28 days of life.

According to medical research statistics, babies weighing 500 grams (about 18 ounces) and less at birth make up only 0.2 percent of total births. Their mortality rate is documented as being 99.9 percent.

Elsa, called a "miracle baby," is one of the rare 0.1 percent to survive.

In 17 states in the U.S., a child born weighing less than 500 grams is not considered a "live birth."

The staff of Naval Hospital, Oakland provided excellent care to

Elsa and her mother, Lieutenant Linda L. Prince-Gustafson, Nurse Corps, U.S. Naval Reserve, from the start while Elsa was still a fetus in the womb. Lt. Prince-Gustafson was on active duty, serving with Naval Reserve Force Recruiting Coordinator, Region One, San Francisco, until shortly before Elsa's release from the Naval Hospital.

Perinatologist Dr. (Commander) David K. Field, head of the Obstetrics Division, Obstetrics/Gynecology Department, kept a close check on Lt. Prince-Gustafson and Elsa during the prenatal stage.

Elsa was delivered 14 weeks premature by Caesarean section by Dr. Field after her mother was diagnosed pre-eclampsia, or toxemia as it is more commonly called. The mother's condition was severe and, if left unattended, threatened the lives of both Lt. Prince-Gustafson and Elsa, Dr. Field explained.

The hospital's Neonatal Intensive Care Unit (NICU), pediatric unit (continued on page 6)



Elsa Marie Gustafson, smallest premature baby ever born at Naval Hospital, Oakland to survive, is the center of TV and newspaper cameramen's attention as she cuddles with her parents during a press conference May 2. Elsa, daughter of Lieutenant Linda L. Prince-Gustafson (left) and Lieutenant Commander Walter Gustafson, weighed only 15 ounces at birth on Jan. 11. (Photo by HMJ Bobbie Brown)

\$16.5 million expansion started

Oak Harbor ground-breaking

by L.L.L. Coraforth

A \$16.5 million expansion project that will more than double the size of Naval Hospital, Oak Harbor was kicked-off at a ground-breaking ceremony May 2.

The hospital staff joined military and civilian guests in the ceremony including Rear Admiral Joseph

Cassella, Commander Naval Medical Command; Rear Admiral David Lichtman, Commander Naval Medical Command Northwest Region; and Brigadier General Darryl Powell, Commanding General Mullan Army Hospital.

Also attending were Lieutenant General Ben Lehalley, U.S. Air Force retired; and past Naval (Continued on page 4)



Participating in the ground-breaking ceremony for the \$16.5 million expansion to Naval Hospital, Oak Harbor on May 2 were, left to right: Rear Adm. Joseph Cassella, COMNAVMEDCOM; Capt. William McDonald, C.O. of NAVHOSP Oak Harbor; Rear Adm. David Lichtman, COMNAVMEDCOM NW Region; and retired Capt. James McKenzie, former Chief of Staff COMNAVMEDCOM.

Presidential Memorial Day salute

On Memorial Day Americans pause to pay solemn tribute to the countless members of the Armed Forces who have given up their lives in the service of their country.

It is fitting that this day should fall during springtime, the time of rebirth and renewal. Though our sorrow is deep at the loss of so many of our finest men and women, in remembering them we also celebrate the precious freedoms they preserved for others with their lifeblood. The flowers we lay at their resting places and the quickening of life around us remind us of the many joys made possible by their willing sacrifice.

Americans have never sought conflict, and the only foreign soil we claim is the graves in which our heroes sleep. But since our beginning as a Nation, we have always understood the high price freedom demands of us. Whether the challenge came on the grounds of Lexington and Concord, at Belleau Wood or Omaha Beach, on the Pusan Perimeter or in the Mekong Delta, the answer of our fighting forces has always been clear and unequivocal. Here at home and around the world, rows of white stone markers stand in silent testimony to our determination to defend liberty with our deeds and, if necessary, with our very lives.

The legacy of our fallen heroes is at once our birthright and our responsibility. And we look to you, the members of today's Armed Forces, to carry on their noble work. Your skill, dedication, and courage are the guaranters of our continued security. Those qualities defined the meaning of duty to your predecessors and their fellow Americans; they are a torch that will pass to each new generation as long as we remain determined to fulfill our duties as a free people.

On behalf of a grateful nation, I thank you for your hardships and sacrifice in that great tradition. As your Commander-in-Chief, I salute you. God bless you.

Ronald Reagan



Moments of national tragedy find expression in Arlington. The large stone on the left is a memorial marker to the seven astronauts killed in the explosion of the space shuttle Challenger. The marker on the right is a memorial to American servicemen killed during the Iran hostage rescue attempt.

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NAVHOSP Oakland celebration

Cultural Awareness Week May 24-27

A potpourri of ethnic events and a special tribute to women will showcase Naval Hospital, Oakland's celebration of Cultural Awareness Week May 24-27.

- The opening day, Tuesday May 24, focuses on black history with the hospital's dining facility offering a gastronomical fanfare of "soul food" at lunchtime. At 1:30 p.m. in the Clinical Assembly, Phillip McAllister, a certified financial planner for the city of Oakland and president of McAllister Insurance Agency, will give a talk on the day's theme, "The Constitutional Status of Afro-Americans into the 21st Century: "Living the Dream (Martin Luther King Jr.)."
- On May 25 (Wednesday), women will be spotlighted as the week-long celebration designed to heighten awareness of the different ethnic groups and other minorities represented in the hospital continues. The festivities aim to enhance the "one Navy" concept of equal opportunity for all.

Ms. Pat Towner, executive director for California's Commission on the Status of Women, will mark the occasion with a 1:30 p.m. program

in the Clinical Assembly honoring women. She will explore the topic "Reclaiming the Past, Rewriting the Future," which is the theme of the day.

Hispanic food will be served at lunchtime to salute personnel of Hispanic descent.

- May 26 (Thursday) is billed as Asian/Pacific American Heritage Day to recognize the diverse contributions made by this group to the country.

A festive table of "oriental delights" from the familiar egg roll to the exotic Japanese cuisine called "Yakisoba," among other delicacies, will be served at lunchtime. A short program in the Clinical Assembly follows at 1:30 p.m. Henry Der, president of the Chinese Affirmative Action Programs in San Francisco, will be the guest speaker. His discussion will revolve around the theme, "Asian/Pacific Americans: Decade of Achievements."

- The celebration will have its finale on May 27 (Friday) with a film festival, commencing at 9 a.m. til 4 p.m., in Clinical Assembly. Selected films will be shown con-

currently and there will be a one-hour intermission at lunchtime, 12-1 p.m.

The following films will be shown:

The Eye of the Storm	27 min.
To Be Women	13 min.
America: A Picture on My Mind	10 min.
A Tale of "O" (For management types)	28 min.
Prejudice: Perceiving and Believing	29 min.
Power Pinch	30 min.
The Mexican-American Speaks	27 min.
Filipino Immigrants	30 min.

The time schedule for the showing of the above films are posted on bulletin boards around the hospital or call the Equal Employment Opportunity Office at ext. 5166 or 5167.

Everyone is encouraged to attend.

DoD eyes plan for combat care

"An effective medical system in modern warfare is more than a necessity. It is both our moral responsibility and a critical part of our national deterrent," Dr. William Mayer, Assistant Secretary of Defense for Health Affairs, said recently.

"The medical system," said Mayer, "is the only source of replacement troops in the critical, early months of a war — that is, if the system is properly staffed, equipped and trained — and if the system is truly medically ready to handle a wartime scenario."

To this end, Mayer announced a Medical Readiness Strategic Plan in which all the component parts of the medical system fit together — with wartime needs foremost.

Mayer said that while most of the initiatives in the plan are not new, the plan itself pulls all of DoD's medical readiness initiatives together into a comprehensive, integrated plan of action with 230 tasks and milestones to meet the medical mission requirements for the year 1992.

The plan outlines actions and objectives needed to:

- establish an integrated blood-management system for obtaining, processing, storing and distributing blood products worldwide;
- meet the needs of field medical units for communications equipment;
- expand the Combat Casualty Care course to train more students at locations around the United States (it is currently given at Camp Bullis, Texas, and at Naval Medical Command, Northwest Region for the first time) and ensure the active reserve mix of medical participants is compatible with the mix in total force medical requirements;
- explore the potential for agreements with host nations to assure maximum medical support;
- ensure competency levels in the military medical units required to sustain a constant state of medical readiness; and
- identify areas in all theaters where efficiency can be improved through joint sharing of medical resources.

Worldwide medical requirements during a general mobilization cannot tolerate unnecessary redundancy in the military health care systems in the continental United States. So Mayer said DoD will also develop a medical mobilization plan for stateside use. A joint service

the Chaplain's Corner

by Lieutenant Howard L. Marshall, CHC, USNR

Talk is anything but cheap to me. I learned early how important it is to express my thoughts, feelings and visions, and I was taught that the way I transmit my message is as crucial as the message itself. But even with this awareness, I've been forced by circumstances to pay more attention to speaking to others with love and respect.

Perhaps the most tragic result of communicating without respect is that although we can take back our angry words, we can rarely reverse the pain our words inflict.

There's wisdom in being considerate of anyone who has given us the time to share their thoughts and feelings in conversation. What about being real, in conversation. I remember a story I heard once, "What is REAL?" asked the Rabbit one day, when the Rabbit and the Skin Horse were lying side-by-side. "Does it mean having things that buzz inside you and a stick-out handle?"

"Real isn't how you are made," said the Skin Horse. "It's a thing that happens to you. When a child loves you for a long, long time, not just to play with, but really loves you, then you become real."

"Does it hurt?" asked the Rabbit.

Sometimes," said the Skin Horse, for he was always *Truthful*. "When you are real, you don't mind being hurt."

"Does it happen all at once, like being wound up," he asked, "or bit-by-bit?"

"It doesn't happen all at once," said the Skin Horse. "You become. It takes a long time. That's why it doesn't often happen to people who break easily, or have sharp edges, or who have to be carefully kept. Generally, by the time you are real, most of your hair has been loved off, and your eyes dropped out and you get loose in the joints and very shabby. But these things don't matter at all, because once you are real you can't be ugly, except to people who don't understand."

We assume too often that we can be our "Real" selves; however careless or callous, those words can do no harm. But it's precisely because we've been so relentlessly disrespected by our own words and others that we must speak with compassion, love and respect. We can begin to offer strength to one another right now, just by opening our mouths.

Ipecac syrup recalled

All lot numbers of Ipecac Syrup manufactured by Humco Laboratories of Texarkana, Texas are being pulled from the shelves of Navy pharmacies in response to a recall of the syrup by the manufacturer. If you have any bottles of Ipecac Syrup manufactured by Humco Laboratories, immediately dispose of the syrup.

Navy pharmacies are currently ordering fresh supplies of the syrup for dispensing when available. Ipecac syrup is used in the treatment of some poisonings.

The recall is due to mislabelling by the manufacturer. Some bottles labeled as Ipecac were found to contain eucalyptus oil or tincture of iodine; both are potentially toxic.

organization, reporting to the Joint Chiefs of Staff, will prepare the plan.

Mayer said while the Medical Readiness Strategic Plan will require some fine-tuning, "it represents an important and unprecedented advancement in the department's medical readiness planning, and I am pleased with the results."

EMAC aids Oak Harbor patients

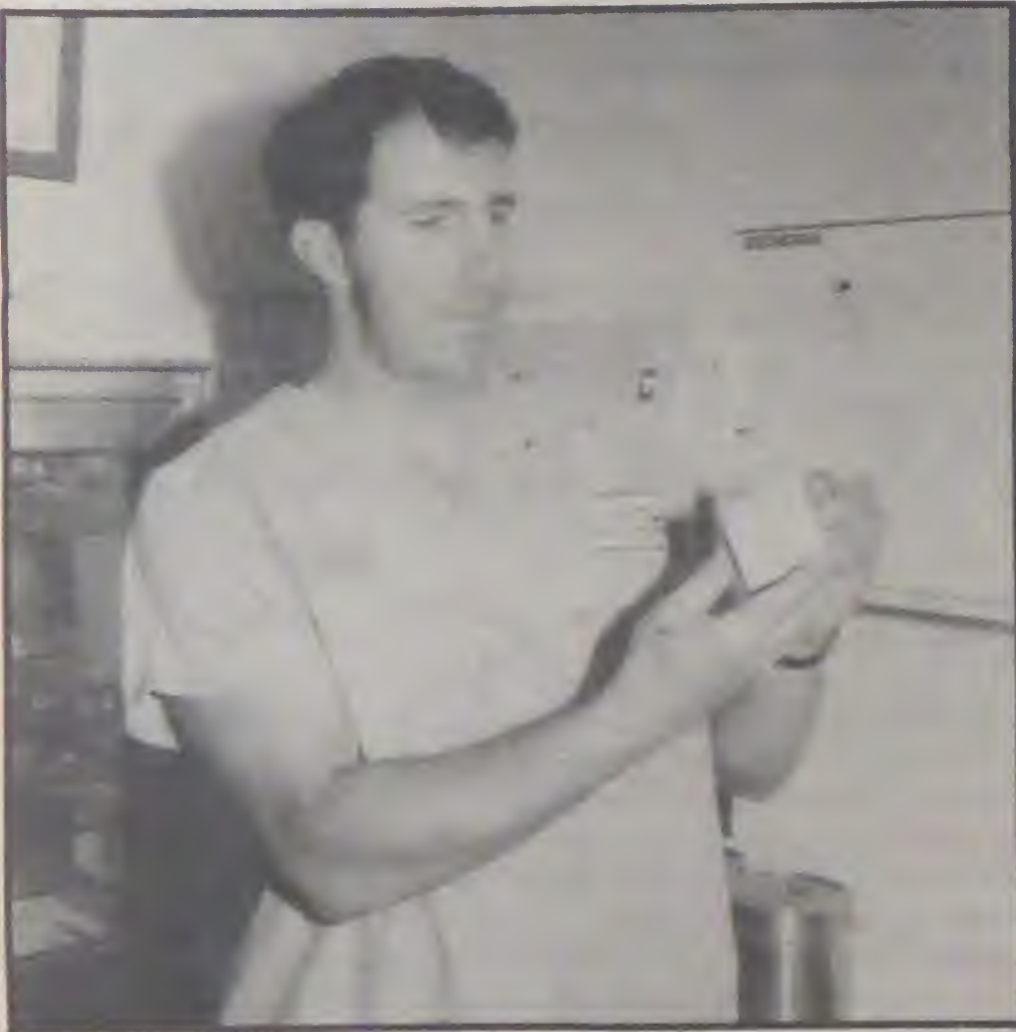
A \$1.6 million contract for civilian provided emergency and ambulatory care at the Naval Hospital, Oak Harbor has been awarded by the Naval Medical Command to Coastal Government Services, Inc. (CGSI), a health care management group based in Durham, N.C.

Under the contract, civilian health care providers will see patients at the Naval Hospital and provide from 36,000 to 50,000 patient visits annually.

The Emergency and Ambulatory Care (EMAC) contract at Naval Hospital, Oak Harbor is the first of 21 nationwide EMAC contracts to be awarded. The contract is part of an effort to cut CHAMPUS costs by bringing more health care into military treatment facilities.

The EMAC contract calls for emergency and general medical services by civilian physicians and a supporting health care team. Approximately four to six physicians and a support staff of 19 to 24 personnel will staff the Emergency Room 24 hours a day and the Ambulatory Care Clinic during normal working hours. The civilian staff is expected to begin arriving next week. A phase-in to full staffing will occur during the next 30 days. The complete permanent staff will report within 180 days.

It is expected that the contracted services will provide an additional 2,000 patient visits monthly. This will offset military medical staff shortages and continued growth in the local patient population that is currently estimated at 35,000. The military staff currently working in the Emergency and Primary Care Clinics will be used to augment other outpatient clinics and administrative departments.



(Photo by Airman Debbie Davis)

Command: Naval Dental Clinic, San Francisco
Workcenter: Branch Dental Clinic and Naval Hospital, Naval Air Station, Lemoore.
Job description: Oral and maxillofacial surgeon
The most challenging part of my job is: effectively communicating with my patients to allay their fear and apprehension.
Without my skills and expertise, my division wouldn't be able to effectively: treat and manage complicated exodontia, odontogenic infections, pathology and facial trauma. My absence was felt last year when I was selected to participate in the five-month maiden voyage of the floating hospital USNS Mercy to the Philippines and island-nations in the South Pacific.
Hometown: Titusville, Pennsylvania — the first oil well was drilled here, "Drake's Well," in 1859.
Hobbies: Keeping physically fit and skiing.
Motto: Be flexible.
Likes: Spending time with my wife and three daughters.
Dislikes: Spending more than one half-hour in the car with my wife, three daughters and the dog.
Role model/heroes: Jesus Christ. I have been blessed with a strong Roman Catholic faith. This gift of faith has been my source of being true to myself. This has kept my life in perspective and given me a sense of wonder into the beauty of Creation.
If I could do it over again, I'd: be 6-foot-3 and have the physical attributes to quarterback the Pittsburgh Steelers to another championship.
I wish I could stop: the dissemination of preconceived dental phobias.
I respect myself for: not feeling a need to be pretentious.
My immediate goal is: to expand my professional horizons as an educator and clinician at Bethesda. I want to eventually be involved with a university exchange program to train health care professionals in the correction of craniofacial anomalies and other related medical and dental diseases in the Third World.

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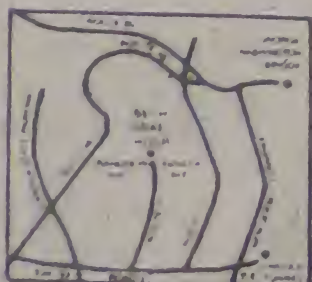
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MEDICAL *Careers*

Food program produces Healthier moms, babies

Hundreds of military families are having healthier babies who grow into healthier children, and women are healthier during pregnancy, all because they participate in the U.S. Department of Agriculture's Special Supplemental Food Program for Women, Infants and Children.

This special nutrition program provides supplemental foods, health care referrals and nutrition education to low-income pregnant, breast-feeding and postpartum women, infants and young children up to 5 years old who are found to be at "nutritional risk." Nutritional risk translates to abnormal weight gain during pregnancy, a history of high-risk pregnancies, low birth weight (under 5½ pounds), stunted growth, underweight, obesity, anemia or an inadequate dietary pattern.

Military participants can use their supplemental food vouchers at most commissaries around the nation, including Puerto Rico, the Virgin Islands and Guam.

Army commissaries, for example, collected more than \$1.5 million worth of the vouchers during fiscal 1987, up from \$1.1 million in fiscal 1986.

"The commissary at Schofield Barracks, Hawaii, was the largest participant with \$297,000 in WIC voucher sales," said an Army Troop Support Agency spokeswoman. "This is probably because there is a large population of lower-ranked enlisted personnel in Hawaii, and the cost-of-living allowance is low."

Fifty of the Army's 77 stateside commissaries, including Alaska, Hawaii and Puerto Rico, are participating in the program and seven have been rejected because of too few eligible customers. The program isn't available overseas.

Women being treated in the obstetrics and gynecology clinic at Walter Reed Army Medical Center in Washington, D.C., are encouraged to apply for the supplemental food and nutrition program. "We have a prenatal orientation class every Wednesday for our new patients, and they're informed about WIC by community health nurses, dietitians, and the obstetrics and gynecology clinic. We encourage them to apply for it as soon as possible. I fill out the forms for those who want to apply. But they have to set up an appointment with WIC. WIC decides whether or not an individual qualifies.

"One of the unfortunate things is that some ladies wait until they're in

their eighth or ninth month of pregnancy before asking me to fill out the forms for them," said Brown. "A lot of people qualify for the program and could have been using the benefits all along. Anybody can apply for it, and I prefer that all of them do so. It's a good program."

All but two of the 14 Marine Corps' stateside commissaries accept the vouchers. They collected \$262,954 during fiscal 1987 and \$287,469 in fiscal 1986. The largest amount of vouchers in terms of dollar value were accepted at the Cherry Point, N.C., commissary — \$79,505 in fiscal 1986 and \$88,021 in fiscal 1987.

Navy commissaries participate but don't keep track of the number of people or value of vouchers used. "But 45 of our 63 commissaries in the United States participate in the WIC program," said a spokesman for the Navy commissary system.

Navy Petty Officer Kathy A. Davis, a pregnant hospital corpsman at the Bethesda (Md.) Naval Hospital, was told about the program during an appointment in the OB/GYN (obstetrics and gynecology) clinic there.

"They offer WIC to you because they feel that some people's economic status won't allow them to get enough calcium and other vitamins and minerals in their food," she said. "So WIC provides you with cheese, milk and other calcium, protein, iron and vitamins A and C-rich foods. It benefits people who have financial problems and it's a benefit to the health of the mother and the baby."

Davis didn't apply for the program because she felt she wasn't financially strapped. But Rhonda Rhoda of the Department of Agriculture's Supplemental Food Program Division said, "Military personnel may not realize that one can be employed and still qualify for WIC. We're targeting persons who have nutritionally related health problems who also have low incomes. They can have an income as high as 185 percent of the U.S. Poverty Income Guidelines. For example, in most states, a family of four can have an annual income of \$20,720 and still qualify for WIC."

Each state agency that administers the program has the option to pick an income guideline based on that state's cost of free or reduced-price health care. It can be less than 185 percent, but a state cannot set its WIC income guidelines below 100 percent of poverty. The income of all family members living together is used to determine the



total income level.

About 100 pregnant women are told about WIC at the Bethesda Naval Hospital each month. They're given telephone numbers and points of contact to apply for the program.

Air Force commissaries also accept the vouchers, but statistics are maintained at each commissary, rather than compiled at the headquarters level.

"We mention the WIC program to our patients as an additional service during our OB/GYN orientation," said Maj. James R. Broyles, head nurse of the OB/GYN outpatient clinic at the Air Force's Wilford Hall Medical Center in San Antonio. "We probably refer about five patients a week.

"I think it's a good program, and I certainly encourage people to use it," said Broyles. "At one time, the

program had gotten a bad reputation because some people tied it with the Aid to Dependent Children Program, but it's not part of that. WIC provides food supplements for infants, children and women. Patients meet with counselors who talk to them about their dietary habits, menu planning and how to choose some of the better foods for young children and pregnant women."

Oak Harbor ground-breaking (continued from front page)

Hospital, Oak Harbor Commanding Officers retired Captains George Bauldof, and Chet Kline.

Naval Hospital, Oak Harbor Commanding Officer, Captain William McDaniel, recounted continuous efforts to authorize a hospital expansion that were begun in 1971. He also announced a contract for medical services by civilian health care providers that would turn over emergency medical and primary care services to contract civilian health care providers. It is estimated that the additional civilian health care providers under the contract would result in approximately 2,000 more patients being served at the Naval Hospital monthly. These contracted medical services could begin in as early as six weeks.

Rear Admiral Cassells said of the construction project, "We have made some headway in obtaining the programs and assets to make things better and I am confident that we have finally begun to turn the corner. Nothing, however, evidences that thought as good as some real evidence. The new addition to the Naval Hospital, Oak Harbor is just the right kind of evidence. It will help us provide bet-

ter outpatient services and emergency services to our beneficiaries here at Oak Harbor."

An additional 63,368 square feet will be added to the west side of the existing 42,941 square foot hospital originally built in 1968. New construction will be completed by late fall of 1989. Improvements on the existing structure will then follow and are expected to be completed in the spring of 1991. The contractor is Pease and Sons, Inc., of Tacoma, Wash.

The new addition will primarily consist of clinical and administrative spaces. This will allow clinics currently located outside the hospital in temporary quarters to be consolidated into the new structure. No increase in inpatient beds or manpower is included in the project.

The expansion reflects the steady growth of military health care beneficiaries at the Naval Air Station, Whidbey Island and surrounding area north of Everett. In addition to more than 7,900 active duty personnel, Naval Hospital, Oak Harbor is the nearest military medical treatment facility for more than 33,000 military health care beneficiaries.

Medical care will not be cut back during the construction. Clinics will

move into new spaces as completed to allow for renovation of current spaces. The first phase of the project will be construction of parking areas on the hospital's south side.

'Fitness for life' Health fair May 26 at NAVHOSP Oakland

In celebration of May as National Physical Fitness and Sports Month, Naval Hospital, Oakland will sponsor a "Fitness for Life" health fair on May 26 from 8 a.m. to 4 p.m. in the hospital lobby.

A variety of booths will be set up to highlight timely topics such as smoking cessation, blood pressure control, nutrition, fitness, hearing conservation, substance abuse and other related issues.

Also in the agenda is a body building demonstration for both male and female that kicks off at noon. This performance by professional body builders is a must to see for people desiring to get in shape and build muscles the right way.

All military personnel, their dependents and civilians as well are welcome to attend. The fair is free.

Periodontal disease: most chronic problem

by Lieutenant Commander Gregory Horning, DC, USN
Naval Hospital, Oakland

What is the most common chronic disease in the world? It's probably not what you think. It's a disease which destroys bone and ultimately results in the loss of parts of the body. Give up? The correct answer is Periodontal Disease.

Actually a number of diseases, Periodontal Disease may include the very common and reversible Marginal Gingivitis, as well as Adult Type Periodontitis, which affects 80 percent of the adult population, and which is the major reason for tooth loss.

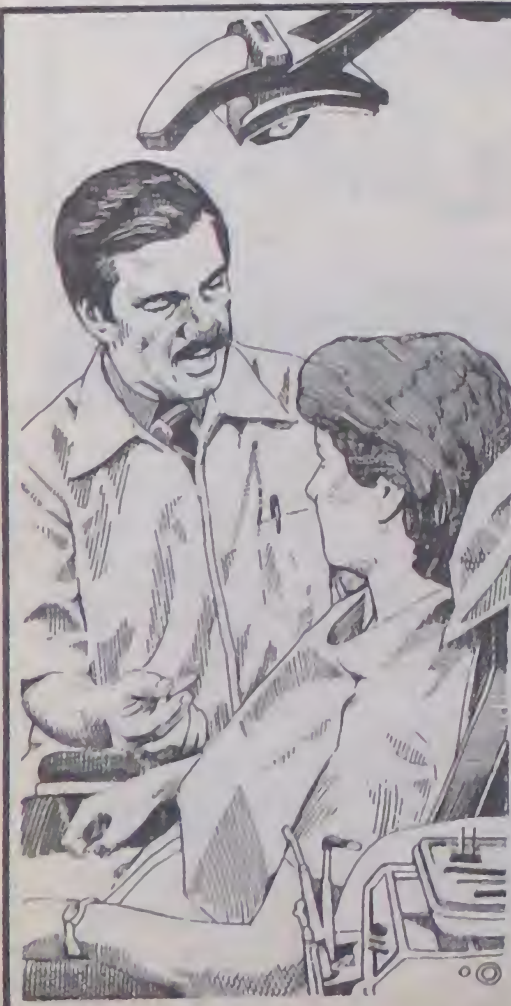
These Periodontal Diseases begin as a low-grade infection caused by the buildup of a film bacteria ("plaque") at and below the gumline of the teeth. If the bacterial film is not removed every day, it may calcify and become as hard as bone. This deposit is then called "calculus." When the bacterial film remains touching the gum, the gum may swell up and bleed easily (an early symptom of Periodontal Disease), or it may appear and feel normal. With time, the gum may begin to unzip away from the tooth.

When this happens, the crevice where the gum folds up around the tooth becomes deeper. Unfortunately, the bacteria can work their way

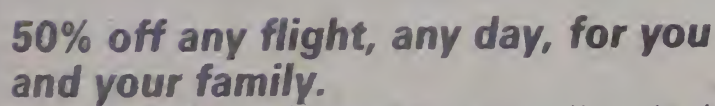
down along the root of the tooth, which then becomes toxic to the body, and prevents the gum from reattaching. A deep pocket filled with bacteria cannot be removed through normal brushing and flossing results. Bone which normally supports the tooth then begins to dissolve, as well. Unless professional care is performed, painful periodontal abscesses may occur, or the tooth may simply become loose. At this point it may be too late to save the tooth. No symptoms may occur at all until the end, or the patient may notice bleeding from the gum, or may be told he has bad breath. Because there may be no symptoms, most people never seek professional dental care for Periodontal Disease.

When the disease is diagnosed in time, professional treatment is directed largely toward bacterial deposits below the gumline, and so allowing the gum to reattach to the tooth. In advanced cases, periodontal surgery may be necessary to gain access to deep deposits of bacteria and repair the damage which has occurred.

The most important part of controlling Periodontal Disease, however, is not what the dentist does, but on how effective you are in removing the bacterial film that builds up every day.



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Tiny 'miracle baby' Elsa released

(continued from front page)

nursing staffs provided continuous 24-hour care. The team caring for Elsa was led by Dr. (Commander) Lewis Otero, director of the Neonatology Division of the Pediatric Department, Lieutenant Commander Julian F. Keith III, assistant director of the Neonatology Division; and Lieutenant Commander Rhonda Gibson, branch head of the NICU.

The continuous monitoring of Elsa was in anticipation of potential problems unique to her size.

"The staff was able to identify those problems, correct them in a timely fashion, and the rest of the job was done by Elsa with the help of God," Dr. Otero related.

One specific problem Elsa experienced was Respiratory Distress Syndrome, which reduced the efficiency of her lungs. It is a frequent complication in very premature infants that involves blood vessel interaction between the lungs and other parts of the body.

Since the Naval Hospital doesn't have specialists in neonatal cardiovascular surgery, Dr. (Captain) Ricci Larese, pediatric cardiologist/director for Medical Services, sought the expertise available at the University of California, San Fran-

cisco, Medical Center. Dr. Larese has worked closely with the UCSF Medical Center in the past in pro-

viding open heart surgery to dependent children.

Elsa was transferred to the UCSF



Dr. (Lieutenant Commander) Julian F. Keith III, assistant director of the Neonatology Division at Naval Hospital, Oakland, measures Elsa Marie Gustafson a week before she was released to go home to Vallejo for the first time with her parents. Little Elsa, weighing a much healthier 4 pounds, 10 ounces upon her release, overcame all the statistical odds she faced in becoming the first premature baby of her size born at Naval Hospital, Oakland to survive. (Photo by HM3 Bobbie Brown)

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Medical Center on Jan. 26, where Dr. Edward D. Verrier, cardiothoracic surgeon, performed the corrective surgery. Neonatal care was provided under the direction of Dr. Augusto Sola.

After returning to Naval Hospital, Oakland from the corrective surgery on Feb. 2, Elsa showed "remarkable progress," steadily gaining weight and strength, Naval Hospital officials recalled.

"Elsa started out slowly," said her mother. "She would put on 8, 10 and, once in a while, 20 grams a day. Once she got started, it was up all the way."

"It is so fantastic to have everybody share our pride in this wonderful little creation," Lt. Prince-Gustafson added. "Elsa has really been an inspiration to so many people, and we are certainly thankful for the skill and support of all the medical personnel involved in her care. There are people praying for us all over the world too."

Captain Alice M. Martinson, who was relieved as Naval Hospital, Oakland commanding officer on March 4 by Captain C. Gordon Strom, closely watched Elsa's early development.

During her change of command speech, Capt. Martinson referred to Elsa when she said: "Why is it any of us (in Navy medicine) should be

working and sacrificing to do what it is we're doing? When I can't find the answers myself, I've been able to go upstairs and talk to Elsa. And, Elsa has had the answers. Elsa is a Navy nurse's baby. Elsa is family. We are Navy medicine. We are the ones who are privileged to do whatever it takes to take care of a Navy family."

"It was so special listening to Captain Martinson," Lt. Prince-Gustafson said. "That really brought it home for me as a Navy nurse. I know the demands on the shift work, being tired all the time, and not having enough help and equipment — but you keep plugging through."

Elsa will be required to routinely visit the Naval Hospital for assessments during the next two years of her fragile life. Her parents have been instructed in cardiopulmonary resuscitation for infants, nutritional needs unique to Elsa and monitoring guidelines while she is on home oxygen.

Recognizing the skill of the staff at Naval Hospital, Oakland, Dr. Otero said, "We are only instruments of God." The staff and parents both stressed that it was Elsa's sheer determination and will to survive that brought her through the critical stages of her life.

HM2 elected commander

How could a petty officer second class become an officer overnight? No, it's not by the Enlisted Commissioning Program or any other commissioning program. Although it is possible for an enlisted member to become an Ensign overnight, becoming a Commander, however, is a completely different story.

Well, it sort of happened in the case of Hospital Corpsman Second Class (SW) Christopher Weaver. The staff instructor in the Education and Training Department at the Naval Medical Command, Northwest Region was elected to the office of Junior Vice Commander of the Veterans of Foreign Wars (VFW) Post 7636 in Hayward, Calif., on April 7. A native of Baltimore, Md., Petty Officer Weaver will be the youngest member ever to serve in office in both his post's and district's history. He will begin serving in his post's third highest position on May 27.

The VFW is a veterans organization which promotes both patriotism and service to local communities.

When asked about how his newly elected position will affect his naval career, Petty Officer Weaver said, "The position will enable me to serve both the Navy and community. In reality, diligently serving in the office of which I am about to serve will make three elements proud: the Navy Medical Department, the community, and myself."

ARC volunteer salute planned

The American Red Cross will follow in the conference room across the hall from Clinical Assembly. All military and civilian staff members are welcome. Hospital, Oakland. A reception will

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NOR' Sports

Oak Knoll streak intact

The "Oak Knoll" Men's Varsity Softball Team has its own version of the "Monster Bash." The team is currently undefeated with four straight wins under its belt. Recent victories include a 9-8 squeaker over Naval Weapons Station Concord, a 10-4 blasting of the USS Mars, and a hard-fought 13-8 win over Naval Communications Station Skaggs Is-

land. "It is difficult to make a lineup," said Lieutenant Commander Ossie Watkins, the team's coach. "We have so many quality players yet there are no malcontents on this team. Everyone seems to share in the effort. These young Navymen and Lt. Cmdr. Tom Goselin are a joy to manage."

Intramural Softball Scoreboard

GEOCOM	14	— Snerfs	1
OR	36	— CPOs	1
PT	22	— Master Baiters	1
E Club	19	— Psychedelics	16
Misfits	8	— Snerfs	5
Suds Busters	13	— PED/OB	9
GEOCOM	27	— CPOs	3
Radiology	12	— PMT School	11

Lemoore female corpsman track standout

Hospitalman Vanessa Thominson smiles after the recently ended Pacific Coast Sports Conference Track and Field Championships held at Contra Costa College, San Pablo, Calif. "Not? Lady luck blessed her a first place win in the 800-yard dash and second place finish in both the long jump and 100 yard dash events. Her combination total led Naval Hospital, Lemoore to a second place finish in women's team competi-

tioned with the Marines in Camp Lejeune, N.C.

"Actually, I didn't train for the recent competition," she continued. "I came to NAS Lemoore very late to prepare myself for the meet. Sports officials on base needed some women to come down and run, and word got to them that I could run. I could have done better. I was also sick for a while prior to the meet."

HN Thominson is assigned to the Emergency and Information Desk at Naval Hospital, Lemoore. She plans to prepare herself for track and field competition, and hopefully earn a place on the All-Navy team.



HN Thominson
(Photo by Airman Debbie Davis)

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ADS WORK

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Academy seeks enlisted

The U.S. Naval Academy is concerned with the declining number of enlisted people applying for admission.

According to Captain Harry A. Seymour, Director of Candidate Guidance for the Naval Academy, the reason for the decline is that young enlisted people are unaware of the opportunities for them at the academy.

"Some of the enlisted feel that they are not qualified to attend the academy and succeed," Capt. Seymour said. "Or, they don't know that the Naval Prep School exists."

Naval Academy Preparatory School (NAPS) provides additional courses of instruction in academics, physical fitness and military training provided by the academy for applicants that exhibit traits of a future officer but did not receive a direct appointment that year. Most NAPS graduates go on to attend the Naval Academy the following year.

The Secretary of the Navy, each year, can name 85 regular Navy enlisted people and 85 reservists to the academy, but the nominations are not being filled.

Presently, the academy receives about 12 applications from civilians for each available appointment, but only 6 applications are received from sailors in the fleet for appointments allotted for them.

"The opportunity is there," Capt. Seymour said. "The chances are double for the fleet sailors compared to civilians."

'Buckle-up America' Week

Some 48,000 Americans died on our nation's highways in 1987. Among those killed, 673 were active-duty military personnel.

During peacetime, the single largest cause of accidental death and injury in the Department of Defense (DoD) is automobile and motorcycle accidents.

Despite national and DoD efforts to prevent these accidents, they continue to happen at an alarming rate. Yet, the statistics can be improved and losses reduced if everyone does all they can to lessen the severity of injuries resulting from such accidents. Much can be achieved by simply remembering to buckle-up upon entering an automobile and to strap on a helmet before riding a motorcycle.

As a reminder to use safety belts

and child safety seats, National "Buckle-Up" America Week begins May 23. The national goal for this campaign is to increase safety belt and child safety seat usage to 70 percent.

However, being safety-minded should not occur only during special observances. It must be for life.

When purchasing your next car, consider the availability of the new passive restraints, such as air bags, automatic seat belts and anti-skid braking systems. Many insurance companies will be offering reduced premiums for cars so equipped.

Parents must make buckling-up a habit for life for their kids. If you aren't already using one, start using child safety seats for the safety of your children.

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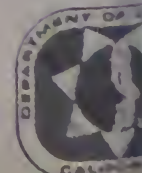
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Volume III Number 11

June 3, 1988

NORWESTER

The Voice of the Naval Medical Command, Northwest Region

Letterman patients coming to Oak Knoll

NAVHOSP Oakland OB/GYN service expands

The Obstetrics and Gynecology (OB/GYN) Department of Naval Hospital, Oakland (NHO) formally opened its doors June 1 for patients of Letterman Army Medical Center (LAMC) seeking prenatal and obstetrical care.

LAMC curtailed its OB/GYN services due to a critical shortage of Army obstetricians. As a result, LAMC will experience an 86 percent reduction in its obstetrical staff this summer.

"All but two of the physicians in the OB/GYN Department at LAMC are due to be transferred on PCS orders, to be released from active duty, or to retire this summer," said Commander John P. Navins, head of

the OB/GYN Dept. at NHO. "And, none of them will be transferred to our hospital. However, we have been informed that an Army OB/GYN subspecialist will be assigned to us this summer."

The closure of the OB/GYN Dept. at LAMC, according to Cmdr. Navins, will consequently increase the NHO OB/GYN department's volume of patients and work-load as well, which eventually will result in referring other patients to civilian medical care through CHAMPUS.

"We'll do the best we can to accommodate everybody," said Cmdr. Navins, "but due to the

hospital's physical plant and nursing staffing limitations, we anticipate

"We'll do the best we can to accommodate everybody."

that Letterman's dependent prenatal patients will be referred to civilian medical care.

"We have been informed by the OB/GYN Department at Letterman that their active duty prenatal patient volume is approximately 5 to 10 deliveries per month," he continued. "We anticipate that all of these patients will be delivering here start-

ing June 1."

For a smooth turnover, Naval Hospital, Oakland and Letterman initiated discussions concerning OB/GYN services in the Bay Area and determined which portion of LAMC's prenatal patients NHO could handle.

"With regards to the necessity for concentrating OB/GYN services in the Bay Area, it has been obvious for several years that some combination of military services was inevitable," said Cmdr. Navins. "In some case of OB/GYN services, several possibilities were investigated, including the establishment of a combined Army-Navy residency training program, using the facilities at both NHO and LAMC. The current solution of

transferring LAMC's OB/GYN services to NHO was found to be the only feasible one."

Active duty patients seeking admission to NHO's OB/GYN clinic are required to attend an initial class given there every Tuesday afternoon. LAMC patients who have already received prenatal care need not attend.

Appointments for either the class or OB/GYN visits can be made by calling NHO's Central Appointments at (commercial) 633-6000 or (auto-von) 855-6000. Central Appointments is open from 7 a.m. to 4:30 p.m., Monday through Friday.



Women Viet vets' memorial

Captain Joan "B" Glass (right) and Captain June Riddle of Naval Hospital, Oakland stand in front of the statue that will honor women's involvement in the Vietnam War. Captain Glass, the hospital's Director for Nursing Services, and Captain Riddle, Head of In-patient Nursing, served aboard the hospital ship USS Repose during the Vietnam War. The 33-inch bronze figure, one of several mini-statues touring the country, was brought to the hospital to raise money for the Women's Vietnam Memorial Project. Project coordinators aim to raise \$1 million to fund the placement of the statue in proximity to the "Wall" and the "Three Fighting Men" on the grounds of the Vietnam Veterans Memorial in Washington, D.C. The statue represents and honors all women who served during the Vietnam War, from every branch of military service as well as from other private and governmental agencies. It is a composite of the ideals for which all women performed their duty... to aid, to heal, to insure the survival of others. For donations, make your check payable to: VIETNAM WOMEN'S MEMORIAL PROJECT, INC., 511 Eleventh Avenue S., Box 45, Minneapolis, Minn. 55415. (Photo by JOI Dan Guiam)

Chinese delegation tours Mercy

by Bob Borden, PAO, MSCPAC

A visiting delegation of distinguished doctors, scientists and educators from the People's Republic of China (PRC) toured USNS Mercy recently on the last stop of their two-week tour of military medical facilities in the United States.

The tour was sponsored by Dr. William Mayer, assistant secretary of defense for health affairs. Last year, Dr. Mayer and other DOD health officials visited several medical sites in China.

The PRC delegation, led by General Liu Mingpu of the PRC People's Liberation Army, included eight senior medical and science defense officials. They were accompanied by Major General William P. Winkler Jr., MC, U.S. Army, deputy assistant secretary of defense for medical

readiness, a state department interpreter, and other DOD health officials.

After being welcomed aboard the hospital ship by Captain W. T. Dannheim, USN, Commander, Military Sealift Command, Pacific, the visitors carefully took notes as they were briefed about the history of the ship and its humanitarian voyage to the Philippines and the South Pacific last year.

Commander James Hanrahan, MC, USN, officer in charge of the ship's Medical Treatment Facility, led the group on a thorough 90-minute tour of Mercy and her floating hospital. When a stop was made at the ship's helicopter landing pad with a panoramic view of the San Francisco Bay Area, several members of the delegation who had cameras took snapshots of the scene.

Though Mercy has hosted a number of dignitaries since she

entered service with MSCPAC in late 1986, this was the first time the hospital ship has entertained a large delegation of senior foreign officials.

"The group has enjoyed their United States tour very much and to see this very unique ship is a fitting way for them to end their tour," said General Winkler, who accompanied Dr. Mayer to China for 12 days in May last year. "There's been an exchange of mutually beneficial medical information and I think that's very encouraging. It may lead to a broader exchange between our countries."

Captain Dannheim did his part for diplomacy when he presented General Liu with an engraved USNS Mercy plaque and Mercy hats to every member of the PRC delegation. In turn, General Liu gave Capt. Dannheim a handsome emblem of the PRC Navy mounted on a plaque.



Commander James Hanrahan (far right), officer in charge of the Medical Treatment Facility aboard USNS Mercy, explains the function of the casualty reception area to a delegation from the People's Republic of China touring the hospital ship.

(Photo by Bob Borden)

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the Chaplain's Corner

by Commander Gregory S. Pokladowski, CHC

People today are discovering scripture in great numbers. Various religious newspapers run articles showing numerous examples of witnessing to this. There is the great popularity of parish adult education classes focusing in on scripture, or the rise of Bible study groups on college or university campuses.

In numerous large metropolitan areas, the casual commuter would notice the increased number of people paging through scripture verses. Even in our hospital's Wednesday night Bible study there has been a significant growth in participation. Those who are returning to the scriptures are doing so for different reasons and in different ways. Some people approach the Bible as a kind of divine recipe box specifying exact ingredients for spiritual living and happiness, or they may view scripture as a kind of textbook with easy answers to new and complicated problems.

Others may say biblical scholarship makes the Bible seem too complicated, that the biblical books, meant to address them directly, are sometimes made to seem inaccessible to ordinary people. But today, these scholars, through inexpensive commentaries, have attempted to assist people to know scripture and to make prayerful reading of it a less intimidating undertaking, enabling us to familiarize ourselves with the language, the way of thinking and speaking and the historical and cultural settings; these scholars have endeavored to open the Bible to us as an extremely rich resource of spiritual enrichment.

Our faith relationship with our God can be enriched and developed through the communication that the scripture offers us. As Sister Sandra Schneider writes, "God does want to communicate with us and... the Bible is a privileged form of that communication... but communication is a two-way street and it is seldom effortless. If the person with whom we are communicating is important enough to us, we are willing, indeed, to make the effort to understand. Fruitful biblical meditation is no easier, and certainly no less rewarding, than our most meaningful communication with those we love most."

Up Close ETSA Matthew A. Psyk



Command: Naval Hospital, Oakland

Workcenter: OOD's Desk, Operating Management Division

Job description: Assist the Officer of the Day in ensuring a smooth and orderly operation in the hospital, answer phone calls and give general information such as location of various clinical labs, patients on board, and types of medical services the hospital offers to name a few.

The most challenging part of my job is: keeping my temper down when people ask such questions as "How do you dial the operator?" or "Where's the nearest restroom?" when there's one five feet in front of them.

Hometown: St. Michael, Minn. — about 40 miles from Minneapolis.

Hobbies: I enjoy playing baseball, fishing and girls.

Motto: To do my best at all times no matter what the conditions are because you can only do as good a job with what you've got to do that job.

Likes: My girlfriend.

Dislikes: People who hurt other people.

Role model/heroes: My Dad because he is one of the hardest working men I know. When he's determined to do something, he does it. He's not a quitter.

If I could do it over again, I'd: attend college then maybe think about the service. I'd probably come in as an officer and not as an enlisted man.

I wish I could stop: time and start over.

I respect myself for: being myself. It's important to me because if I meet people and try to impress them a lot they'd get the wrong idea. I want people to respect me for who I am and not for who they want me to be. People meeting me for the first time see me as an easy-going guy. At least that's what I've been told.

My immediate goal is: to pursue a degree in electronics engineering after my stint in the Navy, and contemplate on entering the sea service again as an officer.

Oak Harbor care lauded

(Editor's Note: This letter was originally published in the Crosswind, the official base newspaper of Naval Air Station, Whidbey Island, Wash.)

Dear Editor,

On Saturday, March 26, I drove my husband to the emergency door of Naval Hospital, with no doubt in my mind that I was doing the right thing. One way or another, they would help us!

Having a 24-year history of heart disease, heart attacks and by-pass surgery seven months ago, when he said "let's go," I went.

He walked in — no records — no questions asked — no hesitation! He was immediately taken care of, and in a matter of 10 minutes, when

he went into ventricular tachyarrhythmia, he was given a new lease on life by Commander Ferdinand Bumagat, M.D., and staff. When stabilized, he was transferred, at our request, to Island Hospital in Anacortes.

In two day's time, he was again transferred, this time to Virginia Mason Hospital, Seattle. After two weeks of extensive testing, they found it necessary to perform more by-pass surgery and implant a device called an automatic defibrillator to prevent another experience such as the one on March 26. This device is relatively new, and my husband may very well be the only person on Whidbey Island with one!

The purpose of this letter is not to

relate all of our experiences, but rather to impart to Naval Hospital, Oak Harbor and to all of the Emergency Room Staff, our deepest gratitude and appreciation for a job well done.

In these days of reduced health care and benefits to retirees, and our disappointment in this situation, it is indeed a pleasure to know that all is not lost, and that when we need a helping hand, you'll give us your best shot!

Thank you all!

V. Frank and Marie Akin
Oak Harbor, Wash.



Artist's conception shows Naval Hospital, Oak Harbor after \$16.5 million expansion. An additional 63,368 square feet will be added to the west side of the existing 42,941 square foot hospital originally built in 1968. The new construction is expected to be completed by late fall 1989.

FRA 'sounds off' about pay hike

Will the January 1, 1989, military basic pay increase be 4.3% or less? Active duty enlisted personnel in the military communities of Jacksonville, Florida; Norfolk, Virginia; and San Diego, Calif., have been asked to publicly state their views on the amount of the undecided pay raise.

The Fleet Reserve Association is holding public field hearings on military personnel issues in those cities in the next few weeks. The FRA has invited all active duty enlisted personnel, military ombudsmen, and active duty dependents to present their views on such issues as the adequacy of military compensation, medical care, housing, duty assignments, career advancement, and many more.

Active duty enlisted personnel know that the U.S. Congress holds "the hammer" on their pay and benefits. FRA has named the field

hearings "Sound Off to Congress" and will present the information and opinions presented during the hearings to the House and Senate Armed Services and Appropriations Committees.

The dates of the "Sound Off to Congress" panel hearings are May 24 and 25 in Jacksonville; June 1 and 2 in Norfolk; and June 8 and 9 in San Diego. The panelists participating in the "Sound Offs" include prominent congressional and military community leaders.

FRA National Executive Secretary Robert W. Nolan states, "FRA's goal is to effectively place the views of enlisted personnel and their families before the U.S. Congress. There are many experts in Washington on military personnel issues, but we need to hear from the real experts — the members of the active duty force themselves."

The Fleet Reserve Association, a

non-profit service organization, is composed of more than 148,000 career enlisted personnel of the U.S. Navy, Marine Corps and Coast Guard. Founded in 1924, the association provides collective representation before congressional committees and governmental agencies on matters of military personnel legislation, laws, and policies. FRA also provides individual career services to its members and their families.

FRA members belong to some 340 FRA Branches located throughout the United States and at overseas military installations. FRA membership is open to all active, reserve, and retired enlisted members of the U.S. Navy, Marine Corps and Coast Guard. Officers with one day prior enlisted service are also eligible for FRA membership.

Women get combat support billets soon

Navy women will begin serving aboard selected Combat Logistics Force (CLF) ships beginning in August.

Rear Admiral Ralph W. West Jr., chairman of the Navy study group on the progress of women in the Navy, made the announcement to the Defense Advisory Committee on Women in the Services (DACOWTIS) in Washington, D.C., April 24. He discussed the assignment of women to CLF ships as a part of a briefing on the implementation of the study group's initiatives.

According to West, two women officers and 22 enlisted women will report for duty aboard USS Cimarron (AO 177), homeported in Pearl Harbor, Hawaii, in August and two women officers and 22 enlisted women will begin serving aboard USS Monongahela (AO 178), homeported in Norfolk, Va., in September. The two Cimarron-class fleet oilers were selected because they require the least modification to accommodate mixed

gender crews. Further assignments of women to CLF ships will continue through July 1991 and will be based upon completion of ship alterations and operational requirements.

Further details about the implementation of study group recommendations and other topics concerning Navy women will be discussed in an interview with Vice Adm. Leon A. Edney, Chief of Naval Personnel, that appears in the May 1988 issue of the Naval Institute "Proceedings" magazine and will appear in the June 1988 issue of All Hands magazine.

The admiral also discussed the anticipated assignment of women to the aircrews of Fleet Air Reconnaissance Squadron (VQ) aircraft in October 1988, revised sea/shore

rotation policy for enlisted women and a range of initiatives regarding quality of life, sexual harassment and fraternization, and the assignment, advancement and career opportunities for women.

NORWESTER

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Commander

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NAVHOSP Oakland launches unique course

Sixteen Navy and civilian nurses in management positions at Naval Hospital, Oakland recently graduated from what the hospital's Staff Education and Training Department described as a unique course offered for the first time in two years—First Line Managers Course.

The course was similar to the Navy's and Naval Medical Command's LMET (Leadership, Management and Education Training) but was tailored to meet current needs and job requirements of the nursing profession. It was also geared toward addressing the critical concerns of the trade.

"There are insufficient Navy Medical LMET courses available, so the course was created to help fill the void," said Commander Pamela Murphy, head of the hospital's Staff Education and Training Department. "We designed it after consultation with Captain Glass, the director for Nursing Services. Each presenter in turn structured their topic to meet specific objectives."

During the brief graduation ceremony held in the ballroom of the base "O" Club, Capt. Glass handed out tennis balls instead of diplomas. She told the graduates, "The ball is now in your court." The course

indeed gave them the tools and it's up to them to use the tools.

A variety of topics ranging from time management to leadership styles was covered during the week-long class with the presenters using an interesting blend of many educational techniques such as role-playing, simulations and group exercises to name a few. The course was offered to develop the leadership and management skills of middle management leaders so they would feel capable of handling the myriad of responsibilities and skills essential for their position.

"There was an overwhelming positive reaction from the students," said Cmdr. Murphy. "The nurses frequently expressed how inspiring many presenters were as well as just making good common sense. They were impressed by the depth of knowledge and genuine feeling of support and openness they felt from many of the senior nurse presenters."

"Because of the intense popularity of most of the topics and exercises, there was no one area that was overwhelmingly more favorable than others," she said. However, the students particularly liked those that helped with time management and writing skills."

"The course gives you a lot of insight about yourself and your ideas of what leadership is," said Lieutenant Jacquelyn Calabrese, a student and assistant charge nurse of the hospital's recovery room. "I enjoyed it."

Lieutenant Commander Thomas Cornwall, another student and branch head of 6 North Ward, had this to say: "The course was much more clear than any other similar course I've attended to a point that I can go back to my work space and utilize what I've learned."

Cmdr. Murphy hopes to once again present the course in the fall. How frequent it will be offered, she said, depends upon the turn-over rate of first line managers at the hospital and specific needs as determined by Director for Nursing Services.

"The true test of the effectiveness of this kind of course won't be realized until many months later," Cmdr. Murphy said. "As the graduates practice some of the new techniques we taught them, we expect to see more satisfied first line managers who will be communicating better, using their time more wisely and developing their staff to their maximum potential."



Commander P. Murphy (center) hosts the reception following the informal graduation ceremony held in the ballroom of the "O" Club.
(Photo by JOI Dan Guiam)

Trench mouth: grim gum disease

by Lieutenant Commander Gregory M. Horning, DC
Dental Department, Naval Hospital, Oakland

Have you ever had a time of painful and bleeding gums with a bad taste and bad breath? You may have had Necrotizing Gingivitis. It may return unless you take steps to prevent it.

What is it? Also known as Trench Mouth because of epidemics in World War I trenches, Necrotizing Gingivitis is a destructive and potentially very serious gum infection requiring prompt treatment. It begins like common gingivitis (gum inflammation caused by the buildup of bacteria at the necks of the teeth). However, when this mild infection occurs in an individual who is under considerable stress, who has been smoking heavily, and whose systemic strength is reduced because of poor diet, lack of proper sleep, abuse of alcohol, or simply "burning the candle at both ends," the result may be Necrotizing Gingivitis. It should be emphasized that this infection does not occur unless the person is in a weakened condition.

Signs of this infection include extremely painful, ulcerated gum tissue which bleeds easily and may have a gray pseudomembrane. The teeth may feel like "wooden pegs," the mouth may have a metallic taste, and the breath may be fetid. If not treated by a dentist at this point, the infection may heal on its own — or it may become worse and extend into the cheek, or kill tissue more deeply and expose bone. In malnourished individuals it may become a fatal infection.

The treatment for Necrotizing Gingivitis involves first controlling the bacteria — this generally means immediate professional debridement. Meticulous brushing and flossing at home is also extremely important. In some cases antibiotics are prescribed. Next, treatment involves building up the overall systemic resistance. This means insuring a good diet, adequate sleep, proper exercise, and when possible a reduction in stress. Smoking must be cut down or eliminated, for it rarely occurs in non-smokers.

Several dental appointments are required to control the infection. At times, periodontal surgery is necessary, but generally will not if one is careful to maintain excellent oral hygiene and practice good health habits which keep the body's defenses up.

Pop singer heads zoo benefit

The Knowland Park-Oakland Zoo will present a concert in the park featuring the legendary pop and folk singer Glenn Yarbrough and The County Line Trio on Sunday June 12 at 4 p.m. to benefit a new exhibit for Smokey, the zoo's African elephant.

Everyone—active duty, retired, reservists, civilians and dependents—are invited to come out and support the zoo in its effort to document the elephant world—its social structure, birth development, mating rituals, death and struggle to survive the critical poaching situation. The exhibit will provide a fascinating

new insight to the scientific community and to all those interested in learning more about the animal.

Tickets for the concert, which include zoo admission, are on sale at the base Special Services office, located directly upstairs on the second deck, above the Navy Exchange, in building 38. Tickets are \$8 for adults and half the price for children (kids under 4 free).

The Oak Knoll compound adopted the zoo two years ago under the Navy's "Good Neighborhood Program," and has since supported the animal park in numerous fund drives.

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NAVHOSP OAK HARBOR

Advancement

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Lemoore letters

(Top photo): Captain R. Brant, former C.O. Of Naval Hospital, Lemoore, presents HM2 H. Thompson with a Letter of Commendation while HM3 D. Lee (far left) and HN J. Turner wait for their turns. (Bottom photo): HM2 P. Schoof is all smiles as the Captain presents him with a Letter of Commendation from the Commander of Light Attack Wing, Pacific.



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Rent-to-own no bargain

It sounds like the deal of a lifetime: Rent-to-own a new 19-inch color television for only \$12 a week. In just a year and a half, this brand-name television can be yours!

Before you rush out to sign on the dotted line, do a little arithmetic. The retail price of many 19-inch color televisions is about \$350. But if you rent a set for 18 months at \$12 a week you'll pay more than \$900. Most of us can't afford a bargain like that.

It's also important to realize that renting-to-own is not the same thing as taking out a loan. No credit is extended, and you don't build up equity. If you quit renting the television after a year, you can't keep it, even though you've spent about \$600 to watch it.

Televisions aren't the only items available on a rent-to-own basis. Furniture, stereos, video cassette recorders, refrigerators and other big-ticket items may also be rented by the week or month. In most cases, the consumer will lose a lot of money through rent-to-own agreements.

Renting can be an attractive option if you want to use the item for only a few weeks. If you're considering buying a video cassette recorder, for instance, you might want to try one for a week or two before you buy.

But if you're certain that you're ready to buy, renting-to-own can be a very expensive way to go. Usually, the consumer will save a lot of hard earned money by shopping for a loan or low-interest credit terms.

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Navy Relief drive ending

The Navy Relief fund drive is in its final week of collecting voluntary donations as the Navy fleet operating forces and the shore establishment continues their effort to "take care of our own."

The Navy Relief organization is special because it is for everyone connected with Naval service: active duty, retirees and dependents. People throughout the Naval Medical Command, Northwest Region are provided assistance every day by the Navy Relief organization.

Navy Relief helps in many ways. From emergency transportation when disaster or personnel tragedies occur, to food, rent and utilities funds during PCS moves and deployments, Navy Relief is always there to lend a helping hand.

The Navy Relief fund drive is an opportunity for everyone to help ensure that "we can continue to take care of our own." Persons who have not had an opportunity to contribute to this worthwhile organization or who desire further information may contact their Naval Medical Command, Northwest Region departmental "key person."

Medicare patients lose CHAMPUS aid

CHAMPUS—eligible persons who are not members of active-duty families should be aware that, when they become eligible for Medicare (Part A) hospital insurance benefits, they will lose their CHAMPUS eligibility.

Active-duty family members keep their CHAMPUS eligibility, even though they're entitled to Medicare (Part A).

There are several ways in which people can lose CHAMPUS eligibility by becoming eligible for Medicare (Part A). The first is by turning 65. That's when most people become eligible for Medicare (Part A)—and when they lose their CHAMPUS eligibility.

The second way is if they become disabled, are drawing a monthly Social Security disability benefit, and, because of that benefit, become eligible for the Medicare (Part A) coverage, regardless of age.

The third way is if they suffer from the final stages of kidney disease and undergo a "maintenance" course of kidney dialysis (blood cleansing), usually becoming medicare-eligible in the third month after the month in which the dialysis begins. Age doesn't matter in this instance, either.

Now—which of the people in these categories, who lose CHAMPUS eligibility because of Medicare, can get it back?

Those who became eligible for Medicare, Part A, because they were 65 years old can't get CHAMPUS back.

But the following persons may get their CHAMPUS eligibility back, if they meet the required conditions:

1. Persons who are eligible for Medicare because they are disabled, and whose disability ends, with the Medicare eligibility reinstated. Of

course, these persons must otherwise still be eligible for CHAMPUS benefits. They must request reinstatement from their branch of the service, and must obtain a new ID card.

2. Persons who suffer from chronic kidney disease can also get their CHAMPUS eligibility reinstated under the following conditions:

- When Medicare eligibility ends with the 36th month after the month in which a successful kidney transplant was received;
- When Medicare eligibility ends with the 12th month after the month in which a maintenance course of kidney dialysis ends.

As with formerly disabled persons, kidney disease patients who meet the above conditions must still be otherwise eligible for CHAMPUS eligibility, and must get a new ID card.

Hypertension strikes silently

"A disease known is half cured. . . ." — Thomas Fuller, 1732

This quotation from an 18th century physician could have been written with hypertension in mind. Hypertension is known as the "silent killer" because patients usually have no symptoms until disaster strikes. Untreated hypertension, along with cigarette smoking and high blood cholesterol, is one of the three major risk factors for heart disease, the No. 1 cause of death in the United States, as well as a major cause of strokes and serious kidney disease. The good news is that hypertension is very easy to detect, and once found is relatively simple to control in most cases.

The name — hypertension — is misleading. Hypertension has little to do with stress or tension. It is a medical term for what most of us know as high blood pressure. When the blood exerts too much force against the walls of the blood vessels, hypertension, or high blood pressure, results.

When blood pressure is measured, two numbers are recorded. The top number, or "systolic" pressure, represents the pressure exerted while the heart is pumping blood into the blood vessels. The bottom number, or "diastolic" pressure, represents the pressure in the blood vessels during the period of time when the heart is relaxed between beats. An elevation in either number is bad news. Most doctors define hypertension as a sustained systolic pressure of greater than 140 or diastolic pressure of greater than 90. The "ideal" blood pressure has usually been defined as 120 over 80, although the most recent evidence suggests that, for healthy individuals, the lower the better as far as risk is concerned.

About one out of six Americans has hypertension, with black Americans particularly susceptible. In 90 percent of cases, no cause can be determined. In the other 10 percent, the high blood pressure is due to blood vessel abnormalities or tumors which can often be successfully treated with surgery.

Once discovered, hypertension usually requires lifelong attention. Mild hypertension can often be treated with diet changes or weight loss for those who are too heavy. Regular aerobic exercise is sometimes helpful. In other cases, daily doses of medicine are needed. It's important to take the medicine regularly whether or not symptoms are present, because people with hypertension often feel perfectly well.

We don't know the cause for 90 percent of the cases of hypertension, but you can decrease the odds of your getting it by maintaining ideal body weight, avoiding excess alcohol intake, decreasing consumption of salt and exercising regularly. Most importantly, have your blood pressure checked at least once a year.

Navy goal: equal opportunity for everyone

by Lt. Cmdr. John Woodhouse

"Well, Files, I just spoke to my detailer, and it looks like I might be rotating out this winter," said Chief Yeoman Bill Spread as he and the young personnelman sat in the office one afternoon.

"And not a moment too soon," said Willie Files with a grin.

"I've still got enough time left here to make your life miserable, Files. Don't you forget it," replied Spread.

"I'd never think of such a thing Chief. Any idea where you're going yet?"

"Not really, but it looks like you'll be getting a female chief in to replace me," answered the chief.

"A female! Where do we keep the transfer requests? I'd better get mine in before it's too late." Files actually looked upset as he heard the news.

"You've got something against female chiefs or just females in general?" asked Spread.

"Females in general," began Files, "but female chiefs especially. The military's no place for women. They just can't understand what it's like to be in the REAL military. They certainly can't understand what it's like to be at sea, and women were never born to supervise men."

"Files, for your information, the Navy has had women on ships for some time now. However, their experience at sea is not important to

their capabilities as members of the naval service or as supervisors."

"I know that," replied the young petty officer. "I just don't like working with women and I don't want to take orders from one."

"Have you ever worked with a woman before?"

"Well, no, but I know I wouldn't like it," answered Files.

"Well I have," said Spread. "I've found them to be highly motivated, highly qualified, and some of the best shipmates in the Navy. You know Files, there's no place in today's Navy for attitudes like yours."

"The Navy needs its female personnel, and it needs all of its people to realize the worth of every individual in the Navy as a teammate, regardless of sex, race, ethnic background or any other superficial characteristic you might care to be prejudiced about."

"You better get used to working with all people as people, and you'd better get used to the idea of working for a female chief because I'm not gonna recommend the approval of any request for transfer based upon those kinds of attitudes," said the chief. He barely took a breath of fresh air before he continued.

"What's more, if you don't think you can handle the goals of this Navy for equal opportunity for all Navy men and women, I suggest you think real hard about what you're gonna do as a civilian, 'cause you're not gonna last in this organization. Now I don't want to hear another word about it. Clear?"

"Yes, Chief," replied a much chagrined Files. He wasn't sure that his basic attitudes had changed much yet, but it was certainly worth thinking about.

LDO/CWO applications due July 1

The next Limited Duty Officer/Chief Warrant Officer (LDO/CWO) in-service procurement board will meet in January 89 to select active duty and reserve Limited Duty and Chief Warrant Officers to commission in FY 90.

Selection opportunities for commissioning to active duty chief warrant boatswain and operations technician will be above average for

FY 90. Chief petty officers in the BM, EW, OS, OT, QM and SM ratings with 12 to 24 years of service who meet the qualifications in NAVMILPERSCOMINST 1131.1A are encouraged to apply.

Applicants who are qualified may apply for LDO and CWO. Applications should be forwarded to NMPC-211 by July 1. For more information, see NAVOP 038/88.

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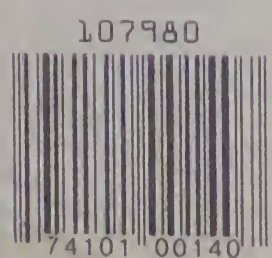
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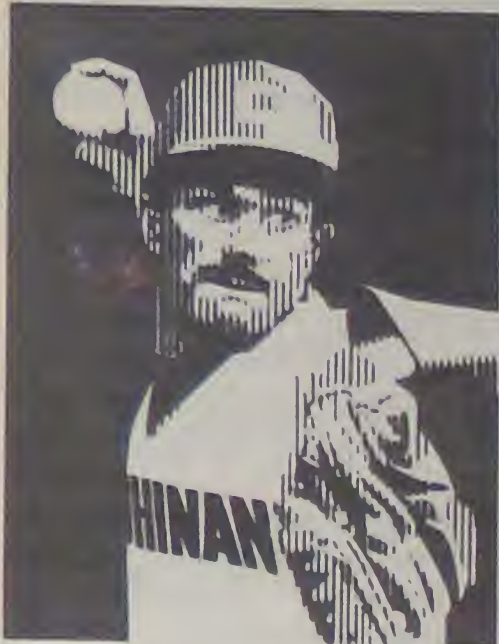
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NOR' Sports

Wristwrestling tourney set

A wristwrestling (formerly arm wrestling) tournament under the sponsorship of Oak Knoll's Morale, Welfare and Recreation Department will be held June 30 beginning at 5 p.m. at the base Officers' Club.

The matches will be officiated by Bill Soberanes, founder of the World Championship Wristwrestling Tournament in Petaluma, Calif. The first

World Wristwrestling Championship Tournament was held in Petaluma in 1962 and is televised annually by ABC's Wide World of Sports.

The Oak Knoll tournament is open to all active duty male and female personnel attached to Oak Knoll. Trophies will be presented for all weight divisions.

Men's Division
Bantamweight—130 lbs. and below
Featherweight—131 lbs. to 150 lbs.
Lightweight—151 lbs. to 175 lbs.
Middleweight—176 lbs. to 199 lbs.
Heavyweight—200 lbs. and above

Women's Division
Lightweight—135 lbs. and below
Middleweight—136 lbs. to 175 lbs.
Heavyweight—176 lbs. and above

There will be a \$5 entry fee for all participants. The weigh-in for the tournament will be done before the match. For more information, contact Ron Brown at ext. 6014 or HMI Dave Sego at ext. 6013.

June softball schedule

Date	Ball Field	Time	Teams
June 6	#1	5 p.m.	Suds Busters vs Snerfs
June 6	#1	6:30 p.m.	O.R. vs Master Batters
June 6	#2	5 p.m.	Psychedelics vs GEOCOM
June 6	#2	6:30 p.m.	PEDS/OB vs PMT School
June 7	#1	6:30 p.m.	Psychedelics vs PEDS/OB
June 8	#1	6:30 p.m.	Snerfs vs E Club
June 9	#1	5 p.m.	Radiology vs PEDS/OB
June 9	#1	6:30 p.m.	GEOCOM vs P.T.
June 13	#1	5 p.m.	Snerfs vs PEDS/OB
June 13	#1	6:30 p.m.	CPO vs Suds Busters
June 13	#2	5 p.m.	E Club vs PMT School
June 14	#1	5 p.m.	P.T. vs Psychedelics
June 14	#1	6:30 p.m.	PMT School vs CPOs
June 15	#1	6:30 p.m.	Snerfs vs E Club
June 16	#1	5 p.m.	Master Batters vs Radiology
June 16	#1	6:30 p.m.	Suds Busters vs GEOCOM
June 20	#1	5 p.m.	Master Batters vs Snerfs
June 20	#1	6:30 p.m.	CPOs vs Radiology
June 21	#1	5 p.m.	PMT School vs Master Batters
June 21	#1	6:30 p.m.	GEOCOM vs E Club
June 22	#1	6:30 p.m.	O.R. vs Suds Busters
June 27	#1	5 p.m.	Snerfs vs CPOs
June 27	#1	6:30 p.m.	Radiology vs E Club
June 27	#2	5 p.m.	PMT School vs Suds Busters
June 27	#2	6:30 p.m.	GEOCOM vs PEDS/OB
June 28	#1	5 p.m.	O.R. vs Psychedelics
June 28	#1	6:30 p.m.	Misfits vs. P.T.
June 29	#1	5 p.m.	CPOs vs Master Batters
June 29	#1	6:30 p.m.	E Club vs O.R.
June 30	#1	5 p.m.	PEDS/OB vs PT
June 30	#1	6:30 p.m.	Suds Busters vs Misfits
June 30	#2	5 p.m.	Master Batters vs GEOCOM

Intramural Softball Standings as of May 23, 1988

TEAMS	WINS	LOSSES	PERCENTAGE
E Club	3	0	1.000
Misfits	3	0	1.000
GEOCOM	2	0	1.000
OR	1	0	1.000
PT	1	1	.500
Suds Busters	1	1	.500
Master Batters	1	1	.500
Radiology	1	1	.500
PMT School	1	1	.500
PEDS/OB	1	2	.333
Snerfs	1	2	.333
Psychedelics	0	3	.000
CPOs	0	4	.000

May 17 Games:	PEDS/OB	37	—	CPOs	3
	E Club	10	—	Suds Busters	9
	PMT School	19	—	Psychedelics	17
May 18 Game :	Misfits	17	—	Radiology	6
May 23 Games:	Master Batters	16	—	Psychedelics	6
	E Club	12	—	PEDS/OB	1
	Snerfs	12	—	P.T.	11 (8 inn.)
	Misfits	7	—	CPOs	0

Men's Varsity Softball Team

May 19:	Naval Weapons Station Concord 16.	Oak Knoll 5
May 22:	Doubleheader	
	Naval Air Station Lemoore 9	Oak Knoll 5
	Naval Air Station Lemoore 5	Oak Knoll 4
May 24:	Forefeited win (USS Mars failed to show up)	

Women's Varsity Softball Team

May 4:	Naval Air Station Moffett Field 20	Oak Knoll 7
May 11:	Naval Station Trespase Island 0	Oak Knoll 0
May 14:	Forfeit win (Naval Air Station Lemoore failed to show up)	
May 18:	Naval Air Station Alameda 6	Oak Knoll 1



Tri-Service health fair successful



Navy medicine in the San Francisco Bay Area had a successful five-day "run in the sun" before the general public May 11-15 during the Tri-Service Health Fair. Held at Marina Green along the south edge of San Francisco Bay in conjunction with Armed Forces Week, the fair attracted an estimated 5,000 persons. Visitors to the fair were treated to entertainment, such as the Odyssey Dance Group from Concord (top left photo), and a variety of informative exhibits and demonstrations by representatives of Army, Navy and Air Force medical facilities. Hospitalman Apprentice Ricky Tomada gives a "just say no" balloon from the Navy Drug Screening Lab to Nelly Montana after she viewed a videotape about the hospital ship Mercy's mission to the Philippines (top right photo). Hospital Corpsman 2nd Class Donald Hoy of the Navy Branch Medical Clinic Alameda tells two young visitors about the operation of the Navy Medical Clinics Command San Francisco's ambulance (bottom right photo).

(Photos by Airman Debbie Davis)



Heat illnesses dangerous

If you're relaxing in the sun for reasonable amounts of time, you probably don't need to worry about heat illnesses. But if you're outside and active — from tossing a ball with your dog to serious exercising — heat illness is a very real and dangerous possibility.

Heat cramps, heat exhaustion and heat (or sun) stroke, although three separate problems; often lead one to the other. In other words, don't ignore heat cramps or you might find yourself in a state of heat exhaustion. Heat exhaustion can escalate to heat stroke. And heat stroke can permanently damage your body's ability to deal with temperature ranges, making you more susceptible to heat illnesses in the future.

The following list shows symptoms and recommended actions for heat cramps, heat exhaustion and heat stroke. But it's better, and easier, to avoid heat illnesses.

The single most important prevention is to drink enough liquids. Make a point to have plenty of water in your system — don't wait until you're thirsty. Thirst is not an adequate indicator of the body's fluid needs — it's the body's scream for some relief.

Navy medical experts do not recommend salt tablets. They don't really help. And they can be dangerous if taken without adequate water in your system.

If you're used to exercising outdoors, you still need to give your body time to adjust to warmer weather. For 10 to 30 days, spend less time outside, go slower and, if applicable, decrease your distance.

Wear light-weight, light-colored, loose-fitting clothes for exercising. Exercise after sunset or, preferably, early morning — the coolest part of the day. It's also a good idea to exercise with a partner so you can watch each other for possible trouble.

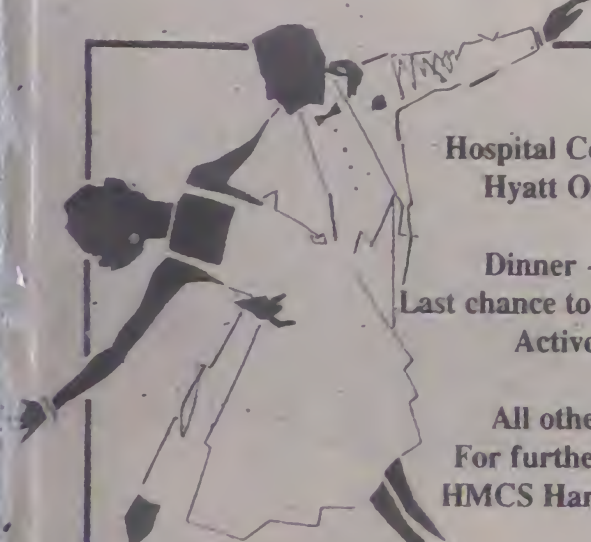
Don't judge conditions on temperature alone. Relative humidity plays a big part. It can be dangerous to exercise outdoors in 70 degree weather if the relative humidity is 85 percent.

Follow your command's recommendations. Most bases use a flag system to indicate the "wet bulb, globe, temperature index." A WBGT table does the same thing for air temperature and relative humidity as a wind chill table does for air temperature and wind speed. When the WBGT is greater than 90, a black flag is flown, indicating vigorous outdoor exercise is not advisable, regardless of conditioning or heat acclimatization.

Heat Cramps: (Symptoms) Heavy sweating, fatigue, bad muscle cramps and spasms; normal body temperature. (Recommended actions) Drink liquids. Stop exercising.

Heat Exhaustion: (Symptoms) Profuse sweating, cool skin; normal body temperature. Nauseated, dizzy, weak and exhausted. Very fast pulse. Rare, but sometimes unconscious. (Recommended actions) Drink liquids. Stop exercising. Use immediate cooling by whatever is available — hose, shower, pool. Remove as much clothing as possible. Victims usually need some help. Call emergency vehicle, keep applying watersoaked sponge, towel, whatever. Hospital treatment usually is complete immersion in ice water.

Heat Stroke: (Symptoms) No sweating, hot, dry skin, extremely high body temperature, nauseated. Confused and staggering or unconscious. (Recommended actions) Call emergency vehicle immediately. Cool person as ever possible, same as for heat exhaustion. Act quickly; heat stroke can kill.



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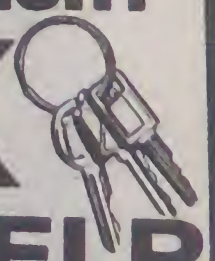
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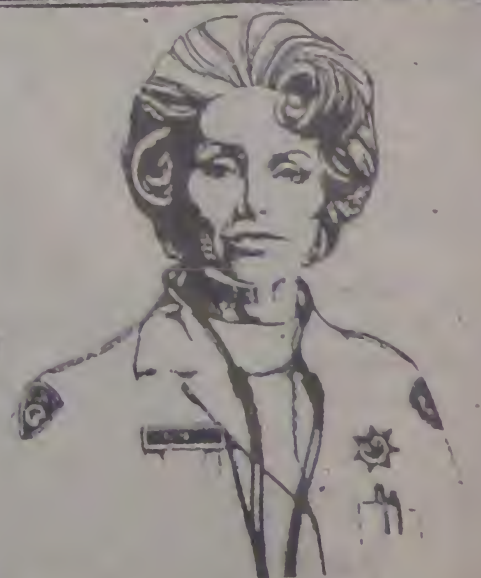
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NORWESTER

The Voice of the Naval Medical Command, Northwest Region

Volume III Number 12

Friday, June 17, 1988

Oakland Navy League names nurses of the year

Lieutenants Anderson, Pierce honored

by JOI Dan Guiam

The thrill of success for doing a job in an exceptional manner were etched on the faces of Lieutenants Susan Marie Anderson and Kathleen Marie Pierce when recently informed about their selection as the Oakland Navy League's Junior and Senior Nurses of the Year respectively for Naval Hospital, Oakland. Exhilarated but not teary-eyed, both nurses exuded confidence as each proclaimed, "I am surprised indeed!"

"I'm surprised that an Emergency Room nurse would be selected," said Lt. Anderson. "ER nurses usually find themselves in the middle of conflicts to be solved, not of our own making but from outside sources. We are a good source, but not everyone is going to like the answer we give and it generally takes a lot of 'ataboys' to make up for one complaint."

"I was stunned, could hardly believe it — what an honor, what a nice recognition for the work I do," said Lt. Pierce.

Lt. Anderson joined the Navy Nurse Corps in July 1983 after receiving a bachelor's degree in nursing from Southeast Missouri State, Cape Girardeau. She reported to

Naval Hospital, Oakland in January 1986 where she is currently assigned as a staff nurse in the Emergency Room.

"ER nurses are problem solvers," said Lt. Anderson who worked at a trauma center and as a flight nurse in Illinois prior to joining the Navy. "Other than being good nurses, we are traffic controllers, teachers, diplomats, administrators, social workers, etc. Every day I have to laugh and say 'that's a new one.'"

"I always got excited when a trauma code arrived," continued Lt. Anderson, "but I had been well-trained for the job, knew what to do, and did it, until one incident when I did totally lose control. I was two weeks overdue with my third child, and while working in triage a man came in holding a limp, lifeless, skull-exposed, blood-drenched 18-month-old baby. The man kept saying, 'Help my baby, he fell off my motorcycle.' Overwhelmed with anger, I lost all knowledge of what I was supposed to do and 'froze.' Since that time I can feel myself touching the emotional aspect of an emergent situation; then I go back to the knowledge of the mechanics of fixing the machine that's broken."

Lt. Pierce is assigned as Branch Head of the Intensive Care Unit, where she provides leadership and skills in managing 16 officers, 17 hospital corpsmen and two civilians. She was commissioned a naval officer in September 1981 and has been in critical care nursing for six years with a variety of experiences. A graduate of East Carolina University in Greenville, S.C., with a bachelor's degree in nursing, Lt. Pierce has been a certified critical care registered nurse since February 1984. She reported to Naval Hospital, Oakland in 1986 from the Naval Hospital, Okinawa.

"Teaching others is the most challenging aspect of my job," said Lt. Pierce. "In the ICU setting, there is a constant atmosphere for teaching, whether we teach a corpsman, a new nurse, a young doctor, a family member and of course the patient. Critical care nursing is very dynamic and constantly changing — so between teaching and a constant turnover of new staff, I'm able to make a difference and teach the importance and significance of hemodynamic monitoring (a machine that measures the patient's heart) to the importance of human touch."

Lt. Pierce also volunteered her services aboard USNS Mercy where she worked as a Charge Nurse of the ICU/Pediatrics Ward during the floating hospital's humanitarian training mission to the Philippines and island-nations in the South Pacific. The shipboard assignment for more than five months, she pointed out, serves as one of the highlights of her Navy career to date.



Lieutenants Kathleen Pierce (left) and Mary Anderson beam with pride as they display their awards of excellence presented by Mr. Jack Giblen (center), president, Oakland's Navy League. Lieutenant Michael Gallagher, another awardee, shares the happy moment with his fellow nurses. (Photo by AN Debbie Davis)

"Caring for a 5-year-old boy named Roberto at our last port was the highlight of my assignment aboard Mercy," said Lt. Pierce. "He was admitted for cleft-lip surgery. He really got to me — affected me like no other . . . with his big eyes . . . the boy was frightened but he warmed up to us and began to trust us as we took him for his Kwell shower, fed and entertained him. I was lucky enough to be ashore the day Roberto was discharged to his father's arms. Quite a sight to see his father inspect his lip . . . to hug him so close. The

smiles and tears were all the thanks that I needed. Our hard work was all worth it, once again."

When asked what their primary goal is in their respective work-centers, both nurses singled out providing high quality care at the top of their lists.

"I have many goals for different aspects of my life but my primary goal as a staff nurse in the Emergency Room is for corpsmen to continue with high quality care even in my absence," said Lt. Anderson, who with husband, Jeff, are the parents of three children. "Very few nurses get the opportunity for shipboard duty and the corpsmen need to take them the knowledge, skills and resources to do the job."

"Quality care involves increasing the availability of education programs at the unit level," said Lt. Pierce. "This will have a positive

Continued on page 5

March of Dimes ambassador



Admiral Carlisle A. H. Trost, Chief of Naval Operations, visits with 6-year-old Ashley Hovey, the 1988 March of Dimes National Ambassador, during her recent trip to Washington, D.C. Born with an open spine and water on the brain, Ashley has gone through 10 operations and is partially paralyzed. She walks with the aid of short leg braces and a walker. Ashley will travel about 75,000 miles across the country making appearances as a March of Dimes Volunteer during her 1988 tour.

NW Region joins AAMA Board for S.F. meeting

by Howard Thomas

The Northern California Chapter of the American Academy of Medical Administrators held its spring quarter meeting May 16 in San Francisco in conjunction with the National Board of Directors' meeting.

Welcome remarks were delivered by Rear Admiral David M. Lichtman, Commander, Naval Medical Command, Northwest Region. His remarks were followed by brief comments by Richard Harley, FAAMA, Board Chairman.

Mr. Russell Beliveau, Vice President, Health Care Services of Foundation Health Corporation was guest speaker. He explained a pilot program designed to provide better access to health care for the military. The pilot program is called the CHAMPUS Reform Initiative (CRI).

CRI is a multi-billion dollar program contracted by the Department of Defense aimed at making more efficient use of military medical

facilities, providing services unavailable in military treatment facilities, and saving taxpayers' dollars in the process. The five-year pilot program is being conducted in California and Hawaii.

Following the luncheon Captain James P. Smith, AAMA Metropolitan Director of Northern California escorted National Board members aboard the Navy's only operational hospital ship USNS Mercy. Commander James Hanrahan, Officer in Charge of the Medical Facility on the ship, showed the visitors through the world's largest floating medical facility. USNS Mercy is as large as an aircraft carrier. It has 1,000 beds, 14 operating rooms, 80-bed ICU and state of the art medical equipment including a CAT scanner.

The visitors were also impressed by the floating hospital's successful first maiden voyage and humanitarian mission to the Republic of the Philippines and other island-nations in the South Pacific last year.

Senior MSC officer retiring



page 4

Sports in action



page 5

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Nor-Words by Airman Debbie Davis

What was the best advice someone gave you that you still live up to these days?



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**YNSN Mike Teppner, Awards Clerk
Staff, Naval Medical Command,
Northwest Region**

"The best advice given to me came from my mother. She told me to 'Put my brain in gear before mouth in motion.' When I was younger I constantly babbled and still do sometimes. I follow it to these days because I know I am annoyed when people's lips move but they don't really say anything that makes sense."



HMCM Samuel Grant

**Command Master Chief
Naval Hospital, Oak Harbor**

"Try to be the best in all you do. Being the best not only leads to success but may be an inspiration to someone else."

**Mr. Robert Bernhardt
Librarian, General Library
Oak Knoll Compound**

"A high school friend of mine had just received a bill, and I said to him, 'Just a bill . . . you can pay it later.' He said, 'Oh no, I pay them as soon as they come in, so they don't pile up.' Good advice, and I've followed suit ever since."



HM2 Randy Jones

Naval Hospital, Lemoore

"The best advice I received was 'What goes around comes around.' I have found that if you help someone or just give someone some of your time, your kindness will be returned to you someday."

**Lt. Cmdr. Gerald Noss, Head
Office of Medical Affairs
Naval Medical Command,
Northwest Region**

"Advice is given free, but often costs the recipient. The best advice has been to evaluate each gift for the true value intended."



HMC George F. Lamora

**Aviation Physiology Training
Naval Hospital, Oak Harbor**

"There ain't no such thing as a free lunch. Why? Everything must be paid for. What you get for nothing is worth twice what you paid for it."



**Lt. Cmdr. Thomas L. Cornwall
Branch Head, Ward 6 North
Naval Hospital, Oakland**

"Don't waste energy and time worrying about the things you have no control over. Why? So much time and energy is wasted worrying about the things you can't change. This energy could be more effectively funneled into problems and projects that can be changed or computed."



**PC3 Lamont Bannister
Mailroom
Naval Hospital, Oakland**

"You can't keep a good man down. Another one is, 'If your mind can conceive it and your heart can believe it, then you shall achieve it.'"

**Lamont Bannister III
"No comment."**

**DN Elgin Taylor
Naval Branch Dental Clinic
Lemoore**

"Life is like one big adventure. It has its ups and downs but there is one thing you should always remember and that is to take life one day at a time."



Dr. Mayer reports to Congress

DOD medical recruiting stepped up

Medical readiness is the primary mission of the military medical system. To this end, Dr. William Mayer, assistant secretary of defense for health affairs, recently told Congress DoD is beefing up its efforts to get the right mix of medical care personnel needed in event of war. Among the steps DoD is taking:

□ The stipend program has been expanded and restructured with additional options for payback of the service commitment in the Individual Ready Reserve. Under the program, physicians and nurses who are training to practice in one of the critically short wartime specialties receive monthly payments if they join the Selected Reserves.

□ The loan repayment program — once open only to doctors and

dentists — has been extended to cover individuals who received loans for their nursing education under Title VII of the Public Health Service Act. The nurses must be in the Selected Reserves in training or already trained in certain wartime critical skills.

□ Constructive service credit for civilian experience may now be granted to greatly needed skilled nurses if their professional experience will be directly useful to the service they're joining — thus allowing them to enter at a higher rank.

□ Doctors and nurses in critically short wartime specialties will be eligible to join the Reserves at older ages and will not have to retire at the usual retirement age.

□ Military physicians in other

specialties are being trained so they can perform critically needed tasks in wartime.

□ Congress has lifted the cap on incentive special pay for physicians. DoD is targeting incentive pay toward those medical specialties in shortest supply for wartime.

□ This spring, DoD sent nearly 200,000 letters to civilian doctors and nurses with needed skills, informing them of the benefits of joining the Reserves. Reserve and Guard doctors and nurses are manning telephones to follow up on inquiries from this mailing. So far, the response to the mailing has been good. Also, medical and nursing association journals have published articles and interviews focusing on Reserve component participation.

JCS Chairman urges strong security

The immediate and very difficult challenge is for America to strike a course that both nourishes the economy and offers a lesser, but under the circumstances reasonable, level of security to the nation.

In summary, that's what Chairman of the Joint Chiefs of Staff Adm. William J. Crowe Jr. said at recent hearings on the amended fiscal 1989 budget. His statements on the nation's posture detailed trends in national defense and provided an assessment of the capability of American forces to counter threats worldwide.

Concerning the Soviet threat, Crowe said that the Soviets have the largest arsenal in the world and that "we are seeing some of our traditional qualitative edge erode." He said the Soviets were not invincible and cited personnel problems, training deficiencies and logistical tangles as the largest chinks in Soviet armor.

Crowe spoke about the changes in Soviet outlook since General Secretary Mikhail Gorbachev came to power. "General Secretary Gorbachev and his party colleagues seem to have concluded that the Soviet Union cannot remain a first-rate world power with a second-rate economy," Crowe said. "Unquestionably, he wants to reshape the economy; it is not clear whether he will succeed."

Crowe also talked about a possible realignment in Soviet defensive thinking. "Gorbachev reportedly has suggested that Soviet general staff move from a war-winning posture to something called 'reasonable sufficiency.' We still do not know what that means in terms of military spending or force structure," said Crowe.

While it may be possible to develop a more sustainable relationship with the Soviet Union, the United States must be prepared to deal with the best—and worst—of Soviet behavior, he told lawmakers.

Crowe then addressed specific military balances in the world.

Overall industrial production clearly favors the West. NATO as a whole outpaces the Warsaw Pact by a 2-to-1 factor, said Crowe. The Soviets, however, stress armaments at the expense of other aspects of

their economy. The result is that the Soviets can mass produce and replace military equipment on a scale very difficult for the West to match.

Crowe said the Soviets "seem genuinely concerned" about the Strategic Defense Initiative. "It's not what we may have today but what we might have tomorrow that concerns them most," said Crowe. "In my view, we would be wise to nourish that concern."

NERA holds awards dinner

Marking ten years of unparalleled growth, the San Francisco Chapter of the Naval Enlisted Reserve Association (NERA) recently held its awards/installation dinner at Francisco's Restaurant in Oakland to honor its outstanding members and to install its new officers as well.

Guest speaker for the occasion was Rear Admiral Robert L. Toney, Commander, Naval Base, San Francisco, and Service Group One. The Admiral gave a candid but historical perspective on the need for strategic homeporting in general and the Navy's plans to base the battleship USS Missouri in San

Francisco in particular.

San Francisco, said the Admiral, who reveled the group with his humor and deep commitment to the Missouri issue, is the best place to put a fleet. He concluded his remarks by announcing that he had been assured by Mayor Art Agnos' office that San Francisco would actively support Fleet Week despite the mayor's opposition to the Missouri homeporting in the city.

Also on hand for the evening were Rear Admiral Vincent J. Anziloti, Commander, Reserve Readiness Command Twenty, and his wife, Nancy.

the Chaplain's Corner

A "Never Again" List

by Commander Wayne L. Bouck, CHC

1. Never again will I confess I can't, for "I can do all things through Christ who strengthens me." (Philippians 4:13)
2. Never again will I confess lack, for "My God shall supply all (my) needs according to His riches in glory." (Philippians 4:19)
3. Never again will I confess fear, for "God has not given (me) the spirit of fear, but of power, and of love, and of a sound mind." (2 Timothy 1:7)
4. Never again will I confess doubt and lack of faith, for "God has given every person an adequate measure of faith." (Romans 12:3)
5. Never again will I confess weakness, for "The Lord is the strength of my life." (Psalm 27:1)
6. Never again will I confess supremacy of evil power over my life, for "Greater is He Who lives within (me) than he who lives in the world." (John 4:4)
7. Never again will I confess defeat, for "God always gives (me) victory in Christ Jesus." (2 Corinthians 2:14)
8. Never again will I confess sickness, for "Jesus Christ is made unto me 'wisdom from God.'" (1 Corinthians 1:30)
9. Never again will I confess worries and frustrations, for "I am casting all my cares upon Him who cares for (me)." (1 Peter 5:7) In Christ I am "carefree."
10. Never again will I confess bondage, for "Those whom the Son sets free are truly free." (John 8:36)
11. Never again will I confess sickness, for "With His stripes (I am) healed." (Isaiah 53:5)
12. Never again will I confess condemnation for "There is no longer any condemnation for those who are in Christ Jesus." (Romans 8:1)

NORWESTER

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Commander

Howard Thomas
Public Affairs Officer

JOC Michael McGougan
Assistant Public Affairs Officer

JO1 Dan Gulam
Editor

AN Deborah Davis
Staff Photographer

Richard Ford
Publisher

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Tuition aid funding capped

There are new monetary caps for tuition assistance in the Navy Voluntary Education Program (Navy Campus).

To ensure that all eligible personnel receive assistance and that Navy Campus resources are able to meet the demand for off-duty education, NAVOP 059/88 sets forth, for members applying after May 31, the following tuition assistance caps:

Undergraduate courses: 75 percent of a maximum of \$125 per credit hour, not to exceed \$285 per course.

Graduate courses: 75 percent of a maximum of \$175 per credit hour, not to exceed \$285 per course.

For example, a member applying for tuition assistance for a three credit hour undergraduate course that costs \$100 per credit hour would receive \$225 (75 percent of

the \$300 cost for the course). Another member applying for assistance for a three-credit hour graduate course that costs \$190 per credit hour would only receive \$39 because the \$570, which is 75 percent of course cost, exceeds the cap shown above.

Tuition assistance for members pursuing high school completion courses is still 100 percent. All Navy personnel are encouraged to continue their education while on active duty.

For more information, see your local education programs counselor. **More Eligible to Sell Accrued Leave**

Under NAVOP 058/88, more servicemembers are eligible to sell back their accrued leave time.

Members who reenlisted between February 19, 1988 and March 31 under the early reenlistment/volun-

tary separation program announced in NAVOP 058/88 are now eligible to sell the leave they accrued prior to their reenlistment date.

NAVOP 058/88 clarifies the effective date of the program as it applies to payment for accrued leave. Sixty days is the maximum amount of leave time that can be sold back.

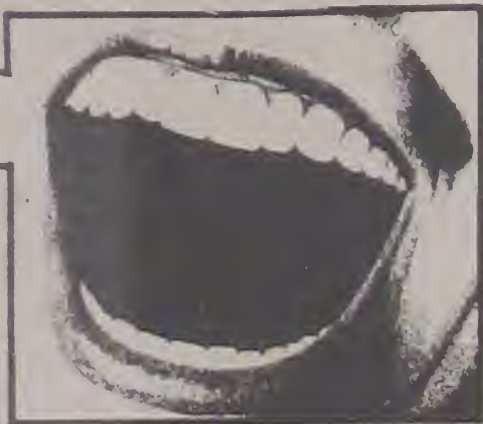
Sitting tips

Sitting tends to tilt the pelvis the wrong way, and is one-and-a-half times more stressful for your back than standing or walking. Don't sit too long. Get up, stretch and walk around occasionally. Support your back so you can sit up straight. If your chair is not supportive, use a pillow or backrest.

Dental notes

Brighter smiles

by Lieutenant Ken Eifert, DC, Naval Hospital, Oakland



Bonding, veneering, and cosmetic dentistry are all different names for the application of tooth colored fillings (composites) to the tooth. Relatively recent advances in dental research make it possible to chemically bond plastic to the enamel surface. The result is a practically limitless variety of colors and shapes that the dentist has available to change your smile to be more natural and pleasing.

Cosmetic dentistry may be helpful for people with gaps between teeth, stained teeth, certain missing teeth, fractured front teeth, and slightly rotated teeth. The procedure is very simple and often may be comfortably done without numbing the teeth. The dentist will first clean the tooth by applying a cleaning solution to the enamel. Next the bond is placed — this is the link that cements the composite to the enamel. The composite is shaped, and then cured with a fiber optic light which causes the composite to harden. The dentist will then polish the filling to a high luster like the natural tooth surface.

The composite is very color and dimension stable, but in time the treated teeth may chip or stain. This problem is easily taken care of because new material can be added directly to the deficient area.

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**CONSUMER
DENTAL
OFFICES**

Capt. Sowers, senior MSC officer, retiring

by JOC Mike McGougan

When Captain H.H. Sowers Jr. turns over the helm of Naval Medical Clinics Command, San Francisco to Captain-selectee Roland McKee on June 21, the final chapter in an outstanding career of one of the

"I'm very comfortable, very satisfied with the way we practice medicine in the Navy."

Navy's senior Medical Service Corps officers will be written.

Capt. Sowers will retire with 39 years of Navy medical service as he steps down as Commanding Officer of the Clinics Command during the change of command ceremony beginning at 1 p.m.

A native of Lincoln County along the north coast of Oregon, Capt. Sowers began his career when he enlisted in the Navy in 1949 and attended Hospital Corps School at San Diego, Calif. He served two tours in Korea with the U.S. Marines. One photograph hanging on the wall of his office shows a Korean War vintage U.S. Marine Corps aircraft at an air base and another is of the hospital ship USS Repose.

Korean War recalled

Pointing to the photo of the Repose, Capt. Sowers said: "I remember that casualties had to be medevaced by boat to the Repose just off the coast of Korea because the ship did not have a flight deck in those days to receive helicopters."

Capt. Sowers is probably one of the few members of the Navy Medical Department still on active duty who saw action in the Korean War. He wears the Navy Commendation Medal with Combat "V," Korean Service Medal with Marine Corps insignia and three Bronze Stars, Korean Presidential Unit Citation and United Nations Service Medal along with a Meritorious Service Medal with one Gold Star among the awards he has earned.

Reflecting on the changes he has seen in the Navy during his career,

Capt. Sowers commented: "When I first came in the Navy, we did not have sophisticated systems; most everything was done manual labor, be it in an office ashore or aboard ship. The sophistication that has come about with our weapons systems has resulted in a significant

change in the caliber of personnel in the Navy.

"We have had many advances in medicine too which has changed the way we practice medicine today," Capt. Sowers continued. "Personnel have had to change with that technology.

"The quality of the young physician coming into the Navy today is just tops," the captain added. "The quality of their training is excellent. You get the best care that is possible."

Capt. Sowers said continuing education has been of prime importance to him throughout his career.

"You can never stop learning," he emphasized. "You have to stay up with everything that is going on today and the advances coming. That requires personal self-discipline, that you do your homework, study and get the schools you need if that is appropriate. Because of the changes going on around them, our people have to be educated so they can do their jobs better."

Young persons, be they officers or enlisted, have to keep reading and learning, not just professionally, but also about the Navy as changes occur in the Navy, Capt. Sowers asserted.

"The main thing we (Medical Department personnel) are here for is to support the operating forces and you have to understand them to be able to do your job," the captain explained. "How do you get people back to duty, who can go back to duty, are there limitations involved and what are they? If you don't

know what the 'line Navy' does, you can't do your job very well."

Capt. Sowers has been involved in a variety of Navy Medical Department operations throughout his career, serving at commands on both the east and west coasts. He has frequently served during periods of change or transition and has had close contact with the operating forces, first as a hospital corpsman and then as an officer since his commissioning in the Medical Service Corps in 1957. He has had assignments at eight Naval Hospitals, two dispensaries, two regional medical centers, the National Naval Medical Center in Bethesda, Md. — as a student and later director of administrative services — and the then Bureau of Medicine and Surgery in Washington, D.C.

Academic experience

Capt. Sowers earned a B.B.A. degree from the University of Hawaii and a M.B.A. degree in health care administration from George Washington University. He is a preceptor for graduate programs in health care administration/management at George Washington University, U.S. Army-Baylor University and Golden Gate University. He is a member of several professional organizations including the American College of Healthcare Executives and Healthcare Executives of Northern California.

Capt. Sowers was Deputy Commander/Chief of Staff for Naval Medical Command, National Capital Region, and then Commanding Officer of Naval Hospital, Great Lakes, Ill., prior to becoming the first Commanding Officer of the Naval Medical Clinics Command, San Francisco when it was established 20 months ago.

Capt. Sower's mission as the first Commanding Officer of the Clinics Command was to administratively consolidate 500 medical personnel assigned to seven branch clinics, a



Capt. H. H. Sowers Sr.

medical annex and a medical administrative unit located throughout a wide area of northern California and western Nevada.

His familiarity with the reorganization of medical facilities in the Bay Area that he had gained during an assignment at the then Naval Hospital, Oak Knoll in the early 60s and a tour at the then Naval Regional Medical Center, Oakland from 1975-79, prepared him for the restructuring that would take place at the Clinics Command.

Clinics' vital roles

"Many people have been against the reorganizations we have undergone throughout the Naval Medical Command," Capt. Sowers noted. "However, I believe we have fared far better, over the long haul, with the reorganizations. Overall, we get far better use of our resources, both in terms of manpower and dollars.

"I look at the clinics as our gateway or really our front line for Navy medicine," said Capt. Sowers. "Most people, especially active duty fleet personnel, enter into our medical system through our clinics."

Capt. Sowers emphasized that the Clinics Command is also re-

sponsible for all occupational health for all the commands in the San Francisco Bay Area, which includes the Naval shipyard, Weapons Station at Concord, Naval Aviation Depot at Alameda and three major air stations.

Capt. Sowers has also served as chairman of the health care subcommittee for the strategic homeporting of the Missouri executive committee.

"I have had an outstanding staff — no extra personnel — and they turned and burned so to speak to put things together," Capt. Sowers praised about the Clinics Command staff. "They accomplished some things I wanted done by the end of the first year within the first six months."

Capt. Sowers said one of the goals for the Clinics Command is to realign resources amongst the clinics.

"No one had really taken a good look at not only the officers, but also the enlisted personnel, by NEC," the captain related. "We worked very hard to get our first annual manpower survey done to realign the billets so we could put them where they were needed most."

Meeting challenges

"We have been trying to get many things done, but it just takes time," the captain continued. "The clinics had very little in the way of computerization — computers and systems. We have been trying to get computers into the various clinics so we can network."

"The simplest things are very difficult because we are geographically so separated. If you are in a hospital where everyone is in the same building or on the same compound, it is much easier to accomplish things. But, when I want to do one thing, I've got clinics all over northern California and into Nevada, so it can be very difficult."

"The Clinics Command staff has done just a fantastic job of meeting all the challenges."

How does Capt. Sowers view the future of Navy medicine?

"We appear to be headed into a little valley, but it is not uncommon for the federal government or military to have its peaks and valleys, and it appears we are going down into a valley again."

"However, I believe our present Surgeon General is going to be able to initiate action back in Washington that will help us in the Medical Department. He seems to be very capable and possess good rapport with the people in Washington."

"As the Navy expanded toward a 600-ship Navy, the Medical Department did not get the growth that went along with that. That has been a significant problem for us. With the Surgeon General's initiatives, I expect to see an upgrade or, at least, not a degradation of what we have today. I'm very optimistic."

"I've enjoyed every minute of my 39 years on active duty," Capt. Sowers concluded. "I have absolutely no regrets about a Navy career or spending this amount of time on active duty. And, I might add, I'm very comfortable, very satisfied with the way we practice medicine in the Navy."

36-year career ending



Ms. Cathy Morris, the Senior Budget Analyst at Naval Hospital, Oakland's Fiscal Office, bid farewell after 36 years of federal service. She first started her career as a keypunch operator at Naval Supply Center in Oakland and spent the final 10 years at Oak Knoll. "Being able to go into budget, and seeing how the money was distributed served as the highlight of my career," she said. "Working with figures and trying to keep everyone happy with their budgets were indeed challenging." The Lafayette, Oakland resident, however, doesn't plan to completely hibernate into oblivion after her retirement. She plans to take classes on the ins and outs of managing a travel agency and do all the things she hasn't had the chance to do. She admits it's a little frightening experience for her to face a new world but it's going to be a whole new experience which she considers another big challenge. "I sorely miss the challenge of my job," she said, "and all the people I worked with." (Photo by AN Debbie Davis)

Awards from around GeoCom



AN Debbie Davis



MA1 Robert Lester



Rear Admiral David Lichtman, Commander, Naval Medical Command, Northwest Region, inspects his staff members during the recent command's personnel inspection. The Admiral also took the occasion to recognize outstanding people for a job well done. Honored were Airman Debbie Davis, Junior Sailor of the Quarter, MA1 Robert Lester, Senior Sailor of the Quarter, Lieutenant Andrew Porter, Navy Achievement Medal, HM1 Neil Thomas, Navy Achievement Medal (from previous command), and PN2 Alejandro Yanza, Navy Achievement Medal (from previous command). (Photo by JO1 Dan Gudam)





NOR' Sports

VARSITY SOFTBALL STANDINGS AS OF MAY 23, 1988

Team	Wins	Losses
Mare Island	9	1
NAS Alameda	8	2
NAS Lemoore	8	2
NAS Moffett Field	4	5
NS Treasure Island	4	5
Oak Knoll	4	7
Skaggs Island	1	10

Volleyball champions



Photo: HM2 Paul Walker, a varsity softball leaguer for Oak Knoll, shows his prowess in pitching during a game against NAS Lemoore. (Photograph by AN Debbie Davis). Photo: Fil-Am volleyballers, Oak Knoll's 1987-88 Intramural Volleyball champions, display their winning trophies at a recent awards ceremony held in the base gym in recognition of their well-earned feat. The volleyball season concluded with the team winning 11 straight and with no losses. From left are: HMC Ovidio Piega, RFC Reden Infante, Mr. Cris Enriquez, HM2 Mike Humphrey, DKSN Link, PN1 Charles Stewart, and M1 Ben Adona, head coach. Other members not present for the trophy presentation are: Lt.jg. William Whoolan, HM2 Martin Carongcong, HN well Cannu, HN Angelito Binas, Gena Bach and PNSN Kelly Londonatti. (Photo, by AN Debbie Davis)

WEDNESDAY NOONER MIXED BOWLING LEAGUE STANDINGS AS OF JUNE !

Team	Wins	Losses	Pins	HGS	HSS
Lab	20	12	10,122	500	1,399
DRAB	19	13	10,328	496	1,407
CPO #1	18	14	11,849	571	1,615
Silver Bullets	16	16	9,336	479	1,355
Pin Busters	13	19	10,154	480	1,315
CPO #2	10	22	99,617	488	1,413

TOP WEDNESDAY NOONER MIXED BOWLERS

	GMS	AVE	HGS	HSS
1. Harvey Wehry	20	176	215	581
2. Jim Gill	21	171	200	548
3. Ed Newsome	21	166	200	528
4. Tom Bukszar	21	165	201	541
5. Paul Mangaran	21	150	188	490
6. Efren Francisco	15	149	183	498
7. Dave Beck	12	148	176	479
8. Mike Denton	21	143	192	484
9. Roy Brooks	15	143	166	467

Nurses of Year

(Continued from front page)
Outcome in many areas such as promotion of safer, more experienced staff members and patient care procedures; job satisfaction; and less incidents of error related to knowledge/exposure."
Their selection as "cream of the crop," however, don't find the two nurses "basking in their glory" or sitting on their laurels." It means more work and always being on the lookout to do their best.
"The award makes me strive more and work harder," said Lt. Anderson. "If someone watches me as a role model, I want them to see traits in me that they can use to be part of the answer for our Navy Nurse Corps."
Recognition of hard work that could otherwise go unnoticed but un-

recognized is a true incentive to strive harder to achieve excellence. This has been quite an honor and I thank all those who have believed in me and supported me. I'll continue to try my best," said Lt. Pierce.

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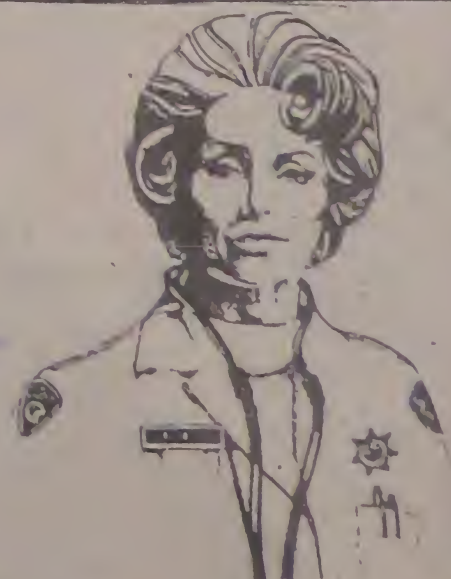
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NORWESTER

The Voice of the Naval Medical Command, Northwest Region

Good morning
A bore is someone who, when passing by, you wish they would.

Better access with NAVCARE offered

by Dave Alcott

More than 83,000 dependents and retired military people in the Bay Area who often can't get treatment at Naval Hospital, Oakland because of overcrowding are the targets of a new Navy initiative. How will the chances for routine medical care be improved for this huge pool of potential beneficiaries of the Navy health-care system? "They'll be able to walk in without an appointment, and they will be seen," said Commander Barbara Cayere, contracting officer for Naval Medical Command,

Northwest Region. "Our new NAVCARE clinic is opening up military medical care to beneficiaries who basically have been unable to gain access to our system." The clinic, contracted by the Navy and operated by civilian physicians experienced in military medical care, will begin seeing patients at 7 a.m. on Tuesday, July 19. The location of the clinic was picked to place it centrally amid the widely scattered pool of beneficiaries in the Bay Area. It is located at 8450 Edes Avenue, in the

southern end of East Oakland near the San Leandro City limits. It is near the Hegenberger Road exits from Interstate 880, both northbound and southbound. Nearby landmarks are the Holiday Inn, the Six-Pence Inn, the Hungry Hunter Restaurant and the DMV office on 85th Avenue, just around the corner from the clinic on Edes. Public transit riders also can make connections to the clinic. From the BART Coliseum station, AC Transit Bus No. 56 via 90th Avenue runs to Edes Avenue. From downtown Oakland, Bus No. 82 runs south on East 14th Street to

85th Avenue, where a transfer to Bus. No. 56 makes the connection to Edes Avenue. The clinic, providing free medical, pharmacy, laboratory and X-ray services, will be open to active duty personnel as well as dependents and retirees. It will be most useful, however, to dependents, especially women, for such services as mammography and Pap smears, and for all immunizations and school physicals. These kinds of routine medical care often have been unavailable at major military treatment facilities because of overcrowding. Ordinary colds, flu, cuts and

scrapes, gynecological problems, routine physical examinations and uncomplicated acute problems such as stable hypertension and controlled diabetes also will be dealt with at the clinic. "Having such a facility...will improve access for routine care and reduce the over-crowding at the existing military medical treatment facilities," said Rear Admiral David M. Lichtman, Commander, Naval Medical Command. "There is no cost to the patient, and waiting periods at other NAVCARE clinics rarely exceed two hours. Innovative efforts such as

Con't. on page 12



Let freedom ring...

Philadelphia, PA. July 4, 1776 — A Declaration of Independence was approved here by members of the Continental Congress. President of the Congress John Hancock of Massachusetts has affixed his signature to the document and has ordered that it be "proclaimed in each of the United States and at the head of the Army."

The document puts into words the sentiments voted by members of the Continental Congress on Tuesday, July 2, when they passed a resolution stating that "these united colonies are, and of right ought to be, free and independent states," by a vote of 12-0 (New York abstaining).

The virtually unanimous endorsement of the Declaration of Independence comes after months of disagreement and debate among the more than 50 delegates to the Congress which has been meeting in the State House.

Formal presentation of the Declaration of Independence was made by the Committee of Five, appointed by the Congress to draft the document on June 11. Members were Thomas Jefferson of Virginia, John Adams of Massachusetts, Benjamin Franklin of Pennsylvania, Roger Sherman of Connecticut and Robert Livingston of New York.

Jefferson was selected by his fellow committeemen to author the document. He owed this distinction to respect for the colony which he represents and to the quality of the state papers which he has already written. It is reported that Jefferson worked on the rough draft of the declaration for 17 days, writing at a portable desk he invented and designed for himself.

The document opens dramatically with lines which assert the necessity of dissolving political ties: "We hold these truths to be self-evident, that all men are created equal, that they are endowed by their Creator with certain unalienable Rights, that among those are Life, Liberty and the Pursuit of Happiness."

The document contains 27 charges against King George of England which lead to a conclusion stated thus: "A prince whose character is thus marked by every act which may define a tyrant is unfit to be a ruler of a free people."

Only John Hancock, President of the Continental Congress, has this day, July 4, affixed his signature to the Declaration of Independence. Other members of the Congress will be called upon later to sign their names to the document which closes with these words, "And for the support of this declaration, with a firm reliance on the protection of divine providence, we mutually pledge to each other our lives, our fortunes and our great sacred honour."

EMAC at Oak Harbor

Increased Utilization

The \$1.6 million contract for emergency medicine and ambulatory care (EMAC) at Naval Hospital, Oak Harbor is progressing on schedule. Many civilian health care providers and ancillary staff members have been hired or privately contracted by Coastal Government Services, Inc. (CGSI), a health care management group based in Durham, N.C., that will provide staffing services under the EMAC contract.

Many new civilian staff members completed orientation at the naval hospital and began providing health care on June 6. Under the contract, these civilian health care providers will see patients at the Naval Hospital and provide from 36,000 to 50,000 patient visits annually.

The EMAC contract at Naval Hospital, Oak Harbor is the first of 21 nationwide EMAC contracts to be awarded. The contract is part of

an effort by the Naval Medical Command to supplement operationally committed Navy physicians and recapture health care work loads that have been eroded due to manpower shortages. The EMAC contracts will also increase military treatment facility utilization. Approximately four to six physicians and a support staff of 19 to 24 personnel will staff the Emergency Room 24 hours a day and the Ambulatory Care Clinic (currently known as the Primary Care Clinic) during normal working hours. A phase-in to complete the permanent civilian staff is expected within 180 days. Military personnel currently staffing the Emergency and Primary Care Clinics will augment other clinical and administrative areas.

The increased number of patients seen under the EMAC contract will

Con't. on page 12

New home for Comfort

Amid ceremony and splendor, USNS Comfort (T-AH 20) sailed into its new home port June 13 at the Dundalk Marine Terminal located in the port of Baltimore.

The Comfort is the Navy's newest and most technically-advanced hospital ship. It took 3½ years to convert the Comfort from 90,000-ton tanker to a 1,000-bed hospital ship that will provide around-the-clock medical support services. The ship is equipped with 12 operating rooms, a dental facility and when fully operational carries 1,160 active duty personnel to staff the treatment facility.

Comfort is assigned to Military Sealift Command, Atlantic and is the second of its kind to be converted from a tanker. The first ship, USNS Mercy (T-AH 19), serves the Pacific Fleet area, and is home ported in Oakland, Calif., at the Naval Supply Center.

While in port, the Comfort will be maintained in a reduced operat-

ing status by 13 civil service mariners and 40 active duty personnel. The ship will be capable of being fully operational within five days of receiving activation orders.

See pages 6 & 7



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the Chaplain's Corner

House of immunity

by Lieutenant Steven Cakebread, CHC

God never said that trusting in Him would be easy. Christ's death on the cross was not an easy decision for Him to make, yet the Son of God went willingly. And the Apostle Paul describes his journey of faith, a very humbling one to be sure, as one filled with hunger, fear, loneliness and life-threatening experiences. Even the early disciples, save the Apostle John, met with martyrdom for their faith.

Life tends to throw many events at us, some of which are very traumatic, such as loss of a job, fire, death, etc. There are also very beautiful moments in life. We should dwell on them more often.

However, it is having to deal with pain that so easily throws us off the track. We who come from various Protestant faith groups look to Christ as our Lord and Savior. We worship Him with great faith and devotion, and we trust in Him for our salvation. But our commitment to Him has never guaranteed escape from pain and suffering in this life. Jesus said, "Come unto me all ye that labor and are heavy laden, and I will give you rest. Take my yoke upon you, and learn of me." But Christ never encouraged us to build a house of faith merely as an effort to escape the trials of life. At the moment of His transfiguration, Peter, James and John wanted to build shrines, but Jesus told them they must come down from the mountain with their faith and walk in the valley of life.

We also try to build houses to protect us from and keep us immune to life. But houses of immunity are very frail, and most of us can't afford to build a house large or strong enough to keep us safe and sound. They can always be broken into by someone.

We build walls of immunity in our minds by telling ourselves, "I'll never let anyone see me cry or get close. I won't love, give, laugh or create." Consequently, we become hard, bitter and resentful, distrusting everything and everyone.

Jack London was in the last stage of building a house made of stone. It was a beautiful house. He could hardly wait to move in. He called it the Wolf House. Then one night, someone burned it to the ground. The ruins remain to this day. No one is quite sure how it happened; none-the-less, his dream house went up in smoke, and he never got around to rebuilding it.

An old adage says: "Sticks and stones may break my bones, but words will never hurt me." If only that were true. Immunity from life's hurts and struggles is impossible to achieve.

So, what do we do? Do we hide? Do we try to build a still stronger house? We may try these futile things, but there are really only two things we can do that work: One is spiritual. The whole person is literally body, mind and spirit. Therefore, at some point in our lives, seeking faith in God should become paramount. Remember, God never leaves us; we leave Him. The second thing we can and should do is to become more community minded—with a willingness to reach out to and cooperate with society.

All of us are afraid of the "dark night" of pain and suffering. We all experience the hard knocks of life; they're inevitable. But he who troubles his own house shall inherit the wind. To try to build a house of immunity is like trying to construct solid walls with only wind.

Here are some scripture verses well worth looking up and meditating on: 2 Corinthians 11:26-29; Matthew 11:28; Matthew 17:1-9; Proverbs 11:29. God bless and keep . . .

Offered to separating military, families

Low-cost health insurance

The Department of Defense has arranged for a relatively low-cost insurance policy for people who are losing eligibility for military medical benefits. Called the Uniformed Services Voluntary Insurance Plan, it is offered by the Mutual of Omaha Insurance Co.

U.S. VIP will be available to separating service members, their families and former spouses of active duty or retired members who had been married at least one year. Children of active duty and retired members who are losing coverage because of age are eligible for the insurance until 90 days after their 21st birthday or 90 days after their 23rd birthday if they are full-time students.

In addition, it will cover dependent grandchildren under the age of 19 who live with active duty or retired military people. Also eligible are minor wards and "pre-adoptive" children as long as they're not covered by governmental health care programs.

The plan responded to a congressional request to provide eligibility losers with comprehensive care equal to CHAMPUS. The plan matched to CHAMPUS with two exceptions—there is a one-year waiting period before pre-existing conditions are covered, and maternity benefits are limited.

A pre-existing condition is one which made itself known or was medically treated within the year prior to enrolling in U.S. VIP. Military members who separated because of health conditions that

existed before they joined the military are not eligible for the insurance.

By design, the plan will cost less than similar non-group commercial policies. For example, a 35-year-old male smoker leaving the military would pay \$73.50 a month for this policy. He would pay \$104 a month for a similar commercial policy that would exclude pre-existing medical conditions. Non-smokers get a 10 percent discount.

With few exceptions, the plan pays 80 percent of covered costs, with an annual deductible of \$250 for each covered person. There is a catastrophic-cap provision—after a subscriber has paid \$2,500 of covered expenses, the plan begins 100 percent coverage until the lifetime maximum benefit of \$1 million

is reached.

The U.S. government does not contribute to the policy's costs. However, the services have agreed to help publicize the plan, help individuals determine and prove eligibility, and enroll separating members who will be informed about U.S. VIP as part of separation counseling.

Others interested in the plan can get more details from personnel offices, family service centers, legal assistance officers and chaplains.

Persons interested in the plan must act quickly. There is a limited enrollment period—30 days after the date of separation for members and families leaving active duty and 90 days after qualifying for all others.

Recruit HIV rate drops

The rate of potential recruits testing positive for exposure to human immunodeficiency virus, the virus which causes AIDS, has gone down again, according to the latest DoD statistics. The rate of potential recruits testing positive has been heading steadily downward since December 1986. Persons testing positive are not allowed to enter military service.

The rate of recruits testing positive for the period Oct. 1 through Dec. 31, 1985, the period in which the military began screening, was 1.62 per 1,000. The most recent statistics, compiled from July 1 to

Sept. 30, 1987, show a positivity rate of 1.13 applicants out of every 1,000.

However, according to Air Force Dr. (Lt. Col.) Michael R. Peterson, senior policy analyst for health promotion in the Office of the Assistant Secretary of Defense (Health Affairs), the lower statistics do not necessarily mean that the rate of HIV positive individuals in the general population has gone down.

"It's more likely that persons who have reason to believe they may test positive are no longer trying to join the military," said Peterson.

Warning: smokeless tobacco hazardous

by Captain D. Antrim, DC
Assistant Chief of Staff for Dentistry
Naval Medical Command,
Northwest Region

With all the talk of drug use in society today, we are overlooking the pernicious effects of a product sold in every Navy Exchange in the world.

This product is taken orally and has its most devastating effects in the oral cavity. It is cheap, readily available, and particularly appealing to our young Navy and Marine Corps personnel. It is smokeless tobacco, and its use is a little known but growing health problem.

In recent years, studies have shown that chronic smokeless tobacco use

may be associated with gingivitis, gingival recession, dental attrition, tooth discoloration, altered taste, leukoplakia, and an oral cancer rate nearly 50 times that of non-users. It may also produce significant systematic alterations such as elevated blood pressure and increased heart rate. These products are not a safe alternative to smoking and can create a dependency that is difficult to break.

It is the responsibility of all dental personnel, and indeed all members of the medical community, to become informed and teach users about the adverse oral and systematic effects of smokeless tobacco. On a daily basis, dentists should identify oral lesions and counsel smokeless tobacco users

to cut back or stop. Dental clinics should have literature or audiovisual material available as a follow-up to individual counseling. Let's all do our part in protecting the health of our military compatriots.

Malpractice Claims show decrease

The rate of malpractice claims filed against Uncle Sam is going down, claims are being resolved faster, and DoD is paying less money to resolve claims.

DoD officials recently released updated malpractice information, using fiscal 1986 data. The rate of malpractice claims per 100 doctors is down slightly, from 6.7 in fiscal 1985 to 6.6 in fiscal 1986. More significantly, a large number of the claims were "of minimal merit" and could be handled quickly. Finally, for those claims that were resolved by paying the claimant, there was a 30 percent decrease in the amount of money paid, from \$168,891 in fiscal 1985 to \$118,134 in fiscal 1986.

DoD hopes to further reduce malpractice by better management. The department is now participating in the National Databank on Malpractice and Sanctions of Health Care Providers. It will report malpractice claims on all licensed practitioners within the DoD health care system. Formerly, DoD reported such information to individual bodies such as the Federation of State Medical Boards.

DoD officials say having information on all licensed practitioners in one place will improve their ability to make policy decisions, thus improving the quality of care.

SecDef sends Fourth of July Message

Honorable Frank C. Carlucci

As the American people prepare to celebrate 212 years of uninterrupted freedom on this July 4th, I am very proud to salute you—the men and women of the Army, Navy, Air Force, Marine Corps, and Coast Guard. It is through your dedication to duty and country that the hard-won independence our forefathers struggled so valiantly to obtain has endured.

Americans across this great nation are also proud. They will celebrate in hundreds of cities, towns, and rural communities, march in parades, and light up the skies to honor this great day in American history.

This day continues to symbolize our freedom to all the oppressed nations of the world. It is a day the men and women of the Armed Forces who serve so diligently around the world send an important message: The United States is a country of free people and will protect that freedom at all costs.

That which is valuable does not always come easily. Over the course of history, Americans have always heeded the call—and many have died—to protect a nation that stands for liberty and justice for all.

I am proud to serve with the men and women of the Defense team. You are valiant guardians of freedom and worthy successors to the preceding generations of Americans who gave reality to the reasons we celebrate our Declaration of Independence.



Navy News Briefs

USS Devastator (MCM-6) launched

The mine countermeasures ship Devastator (MCM-6) was launched at Peterson Builders, Sturgeon Bay, Wis., June 11.

Senator Bob Kasten (R-Wis.) was the ceremony's principal speaker. Mrs. Carol Lyn Ashford is the ship's sponsor.

Devastator is the second U.S. Navy ship to bear the name. The first ship was a minesweeper (AM-318) that served from 1944 to 1955, winning three battle stars during World War II and two during the Korean War.

The Devastator's primary mission will be to hunt, neutralize and sweep mines in coastal waters and critical overseas areas. It is fitted with state-of-the-art combat systems equipment and features a glass-reinforced, plastic-sheathed wood hull and a degaussing system to maintain a low magnetic signature.

Navy divers to refloat ferry

Navy divers are preparing to "bring up the past" by refloating the ferry that carried immigrants from Ellis Island to the shores of New York and New Jersey.

Divers from Mobile Diving Salvage Unit Two (MDSU Two) plan to refloat the ferry named Ellis Island, which sank in its slip on the island in 1968. With plans to restore the island as a museum and family history center, the ferry presents a navigational hazard to a new ferry slip that will be constructed later.

According to Lieutenant Commander Joel Steadley, commanding officer of MDSU Two, the Navy was contacted by the National Park Service to determine if the ferry could be refloated after a private firm said that it could be successfully salvaged. MDSU Two volun-

Bushey gets top enlisted post

Master Chief Avionics Technician (AVCM) (AW) Duane R. Bushey is the seventh Master Chief Petty Officer of the Navy (MCPON). He will assume duty in September.

Bushey's selection was announced by the Chief of Naval Operations Admiral Carlisle A.H. Trost in a ceremony in Washington, D.C., June 17. Before being tapped for the top enlisted billet in the Navy, Bushey served as command master chief of USS Theodore Roosevelt (CVN-71).

The new MCPON enlisted in the Navy in June 1962. His assignments over a 26-year career include Naval Air Station Patuxent River, Md.; USS Kearsarge (CVS-33) as command master chief; and command master chief for Commander Tactical Electronic Warfare Squadron 130 (VAQ-130), Aircraft Ferry Squadron 31 (VRF 31), and Commander Tactical Support Wing One (COMTACSUPWING ONE). He is also a graduate of the U.S. Army Sergeants Major Academy.

The office of the MCPON was established in 1967 to provide a direct channel of communication between enlisted personnel and senior Navy officials. The MCPON is the senior enlisted advisor to the Chief of Naval Operations and is the principal enlisted assistant to the Chief of Naval Personnel.



You're never too young to reap the benefits of an anti-cancer diet. Eat a variety of fresh fruits and vegetables every day, especially those high in fiber and vitamins.

Eat right to reduce cancer

The government estimates that 35 percent of all cancer deaths are related to what we eat. This may seem like a startling statistic, but it actually translates into some encouraging news. The National Foundation for Cancer Research says that by following a few dietary guidelines, you and your family can dramatically reduce your risk of cancer.

While no food can cure cancer by itself, the following contain nutrients and vitamins which can have anti-cancer properties:

- Brussel sprouts
- Broccoli
- Carrots
- Cauliflower
- Lettuce
- Leafy green vegetables
- Whole grain breads and cereals
- Cabbage
- Tomatoes
- Citrus fruits
- Yellow vegetables

Americans tend to eat too many fatty foods, which can contribute to breast, colon and prostate cancer. By cutting down on fats, you will also avoid obesity, which increases the risk of many forms of cancer. Eat lean meats, fish and poultry.

Incorporating high fiber foods regularly into your diet seems to guard against cancer of the colon. Fiber is readily available in bran cereal. Fresh fruits and vegetables are another good source.

Smoked, salty or nitrite-cured foods should be eaten only in moderation. People who eat these foods frequently have a higher rate of esophagus and stomach cancer.

Creating an "anti-cancer" diet is an easy, effective measure that everyone can take. It not only makes good sense, it's good science.

NORWESTER

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Commander

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Awards, etc. from around GEOCOM

Rose garden anyone?

Capt. Kenneth Cottle, Dental Corps officer (at left) asks bidders at right, "What are you going to bid?" as he auctions off roses and other plants recently at the Naval Hospital, Oak Harbor courtyard to benefit Navy Relief. The courtyard plants will soon be uprooted because of construction of the hospital addition. A total of \$8800 was raised and donated to Navy Relief.

Naval Dental Clinic, San Francisco

Meritorious Unit Commendation
Lt. Cmdr. Roy Smith

Good Conduct Award
DT3 Vanessa Brown

Letter of Commendation

Lt. Gary Stafford
YN3 Laura Groom
Ms. Glenda Stone

Letter of Appreciation
Capt. Richard Roq
DTCM B.D. Troutner
DT3 Lori Hanson
DN Lori Galloway, DN Casey Wise
SN Patricia McLean

Ens. McKeag frocked to next higher rank

Lt.j.g. Don McKeag beams with pride as Rear Adm. David Lichtman, Commander, Naval Medical Command, Northwest Region, and McKeag's wife, Marcia, replace his old shoulder board device with a new one to denote advancement to his current rank. Lt. j.g. McKeag recently assumed new duties as the Admiral's Administrative Assistant. He's also the Command Morale, Welfare and Recreation officer. (Photo by AN Debbie Davis).



Duarte named volunteer of year



Ms. Blanche Duarte (Right) comforts a patient at Naval Hospital, Oakland, an everyday routine she does with finesse since joining the American Red Cross 11 years ago. For her unselfish effort and dedication to volunteer work, the retired bookkeeper was recently named the American Red Cross Volunteer of the Year for the hospital. Ms. Duarte is one of 40 volunteers serving the hospital, doing jobs from running errands for the different clinics to comforting patients. "I enjoy my job," she said. "I like the contact with patients, visiting and talking with them. They tell me their troubles and I listen. We do whatever we can to make life easier for them." (Photo by AN Debbie Davis)



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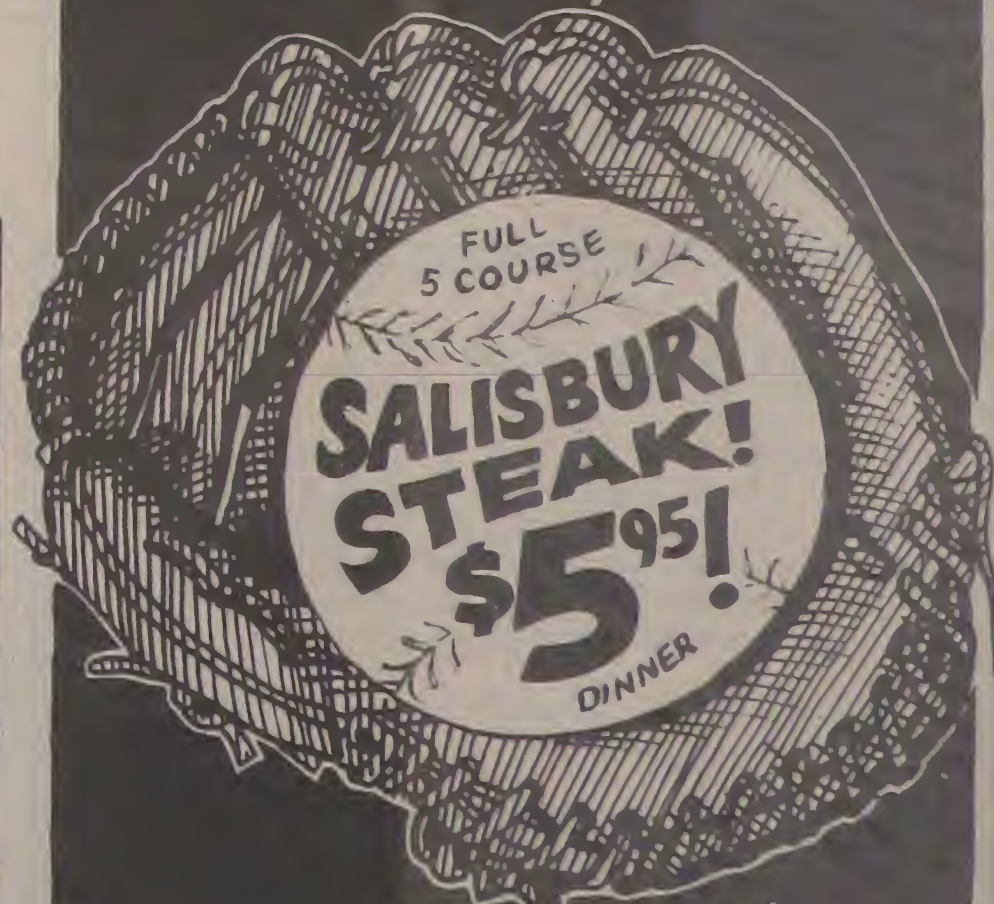
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Up Close

Ms. Helen Granger



Command: Naval Dental Clinic, San Francisco

Job description: Presently assigned temporarily to support the clinic in administrative matters such as receiving patients, setting up appointments, making sure personnel of the tenant commands on base are in Classes I and II of dental readiness, and to render support for fleet units in the area. The most challenging part of my job is: using my managerial skills to successfully satisfy each patient we see.

Hometown: Monroe, La. - famous for gumbo, and 90 miles from Baton Rouge, the state's capital.

Hobbies: Swimming, singing, arranging flowers and oil painting

Motto: "God is love"

Likes: Dining out — I like sampling different foods, especially seafood.

Dislikes: Drugs

Role model/hero: Isis, an ancient Egyptian goddess who personified elegant living, knowledge and power. She taught her subjects how to dress properly, the fine points of elegant living, and believed that education should be for everyone.

If I could do it over again, I'd: take a course in dentistry and become a dentist. I've become interested in preventive medicine since I started working where I am at now.

I wish I could stop: child abduction because I feel the parents of abducted children experience deep hurt. There's always the constant feeling of guilt, negligence and frustration. On the other hand, the victims suffer as much as their parents and loved-ones.

I respect myself for: religious beliefs. They help me a lot in my day-to-day living such as getting along well with people and understanding bad people better and good people as well.

My immediate goal is: to open a flower shop. I enjoy being around flowers and they make other people happy too. I spend my free time arranging flowers. I particularly like roses and dancing ladies.

Asbestos issues still unresolved

Asbestos occurs naturally throughout the world, even in the ice that covers Greenland. Because of its fire resistance, asbestos was once widely used in the construction industry. In fact, one expert claims asbestos was used in almost every building constructed between 1950 and 1970.

Then, researchers found that exposure to large quantities of asbestos fibers over a long period of time could lead to cancer and lung disease. The U.S. government banned asbestos-based building materials in 1978.

Construction workers, shipbuilders and others who worked daily with asbestos for at least 10 years before the ban are at prime risk for asbestos-related health problems. If they smoked, they are at greater risk.

Safety experts at the Environmental Protection Agency say that persons who simply occupy buildings with materials containing asbestos are not at risk unless these materials are in bad or friable condition. Friable materials crumble under

pressure; when they do, asbestos fibers escape into the air, where they can be inhaled or ingested.

Health problems from asbestos can take as little as 10 and as long as 40 years to develop. Thus, researchers still do not know everything about the hazards of asbestos exposure for persons who merely occupy buildings with asbestos. But they suspect that it may have greater effect on children, who are smaller and whose lungs are still developing.

Use food additives to save money

Money is saved by the use of many food additives; they help preserve the freshness of food and prolong shelf life. Some other additives can offer protection against disease. To learn the definitions and uses of more than 80 different additives write for a free copy of General Food's "Consumer Guide to Food Additives" from Consumer Guide, Box 3660, Kankakee, Ill. 60902.

Be safety conscious on July 4th

There's something about the Fourth of July. We listen to "The Star Spangled Banner" while watching a fireworks display, enjoy a picnic and generally celebrate our good fortune at being Americans.

Safety doesn't usually make the list, but it's no less important. First of all, consider fireworks safety.

Military safety people hope you'll watch the display put on by the professional fireworks people on your installation or in your community rather than try to do it yourself.

Individuals in military housing are not allowed to use any fireworks that are illegal in that state, but some base commanders restrict them even further. For example, while the state of Maryland permits sparklers, Andrews Air Force Base prohibits them.

That's because even seemingly innocent fireworks such as sparklers can cause injury. One 8-year-old girl, for example, received second and third degree burns on her leg when a sparkler ignited her dress.

According to the Consumer Product Safety Commission, an estimated 9,000 people were treated in hospital emergency rooms last year for injuries from fireworks. About half the victims were under 15 years old. Perhaps due to stricter fireworks laws, stepped-up enforcement and greater public awareness, the number of injuries is going down—in 1985, 10,300 people were injured-but any is too many.

If you're going to use fireworks, safety experts say to follow these guidelines:

- Do not allow younger children to play with fireworks. The sparkler, considered by many to be the ideal "safe" firework for the young, burns at very high temperatures and can easily ignite clothing. Children can't appreciate the danger involved.

- Allow older children to play with fireworks only under close adult supervision. Don't allow any horseplay around fireworks.

- Read and follow all warning instructions printed on the fireworks label before use.

- Light fireworks outdoors in a clear area away from houses and flammable materials.

- Keep a bucket of water nearby for emergencies.

- Don't try to relight malfunctioning fireworks. Soak them in

water and throw them away.

- Be sure other people and pets are out of range before lighting fireworks.

- Never light fireworks in a container, especially one of glass or metal.

- Store fireworks in a dry, cool place. Check instructions for special storage directions.

Fireworks aren't the only Fourth of July hazard. Drunk driving is even more dangerous due to the increase of traffic during a holiday weekend. Add the influence of alcohol to the fatigue caused by hot weather and the long distance many people drive, and you've got a recipe for trouble.

Most military and civilian police step up their vigilance to spot drunk drivers over the holiday, but they may not get them all. Therefore, all drivers should drive a little more defensively to avoid accidents.

NU offers algebra courses

National University offers "Beginning Algebra I," designed for the individual with few or rusty mathematics skills. The class is offered at NU's Oakland learning center, Oakland Army base, building 780, and starts July 6.

"Beginning Algebra I" is part of a two-class format and allows the student to proceed at a slower pace than the traditional class.

Completion of this and "Begin-

ning Algebra II" or its equivalent is needed for all students enrolled in any bachelors level program. Entering students are guided by their academic/admissions adviser who recommends the appropriate course from entrance scores gained in the math placement test.

For information on this and other graduate or undergraduate programs, contact an admissions adviser at (415) 272-5100.

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PHYSICAL THERAPY:

A unique art of healing

Story and photos by JO1 Dan Guiam

Physical therapy has come a long way! And many health care professionals believe it's as old as pain itself. Gone are the days of simply relying on therapeutic massage, water and heat to practice the trade as pioneered by the early Chinese and Roman civilizations.

Times have changed, and so has physical therapy. It has kept pace with the rapid changing world of medicine. No wonder modern hospitals in the country have manpower pools of physical therapists on their payroll.

Today's physical therapists perform a myriad of tasks as demanding and important as anyone else on the health care team. They're the specialists to see on health matters dealing with the evaluation, treatment and prevention of a wide variety of bodily function and movement problems.

Dynamic role

The care physical therapists provide for many types of patients of all ages includes working with burn victims to prevent abnormal scarring and loss of movement to helping stroke victims regain their movement and independent living, to name a few.

Like their civilian counterparts, the physical therapists at Naval Hospital, Oakland, under the leadership of Commander Robert K. Ridgeway, serve a dynamic and comprehensive role in improving the quality of life for the hospital's thousands of beneficiaries.

"Our primary goal is to provide superior care for active duty personnel after injury or disease," said

Cmdr. Ridgeway. "Close secondary goals call for providing maximum care possible for all other eligible beneficiaries, support the hospital's Graduate Medical Education programs, and provide preven-

"There is, and will be, no perfect physical therapy dept. within the constraints of military medicine. The fact we are making positive progress is rewarding and encouraging enough."

tive programs, such as the Navy's Healthy Back Program."

Although budgetary constraints, personnel shortages, and limited space allocation are problem areas that perpetually haunt the department, Cmdr. Ridgeway and his staff, nevertheless, press on to live up to the hospital's reputation as an excellent provider of medical care.

"Juggling — juggling the demands placed on the department with available resources is the most challenging aspect of my job," said Cmdr. Ridgeway. "This requires constant ongoing prioritization, re-prioritization and changes of direction. Training and maintaining a highly productive staff with good morale is equally challenging.

"Overall, our department is state-of-the-art although the physical space allocation and structure are not equivalent to the new Navy facilities and not adequate to meet our needs," the commander continued. "We have maximized space utilization, and other limitations have not severely impeded us from providing good patient care."

And good patient care, according to Hospital Corpsman 3rd Class Michael J. Byrd, is seeing the therapist's treatment plan implemented in a way that patients are pleased and aware they are the department's primary concern.

HM3 Byrd implements the exercises and protocol rehabilitation prescribed by therapists for patients and evaluates their progress, among other things.

"Staying up-to-date on various

treatment techniques and evaluation skills is the most challenging part of my job," said HM3 Byrd, "because it's an ongoing experience that is necessary to perform the job properly. However, my main concern is that the therapist and I can work together to give the best quality care to each of our patients. The pursuit of this goal helps us grow in knowledge and competence."

Enormous task

On a given day, the department sees an average of 135 patients, which is commendable given its personnel limitation. It's staffed by only four MSC (Medical Service Corps) physical therapists and one civilian occupational therapist. Much of the work load has to do with orthopedics such as total joint replacement, knee reconstructions/surgeries, low back and neck problems, hand and ankle injuries, and multiple assorted musculo-skeletal disorders. Patients recovering from strokes, head injuries and general medical problems are also referred to the department.

"The most sought-after service seems to be our knee rehabilitation programs," said HM3 Byrd, "because active duty personnel often injure their knees in sporting events and motorcycle accidents."

The enormous task, however,

doesn't seem to dampen the spirit and enthusiasm of staff members. After all, patient care is what they do best as one physical therapist put it.

"I have outstanding people on the staff who are fully qualified to do the jobs they're assigned," said Cmdr. Ridgeway. "If new or advanced skills are needed for a specific task, they undergo training for what is needed."

In fact, continuous training and rotation of personnel to different workcenters in the department are "trade secrets" Cmdr. Ridgeway employs to enhance the staff's versatility and productivity as well. This system gives everyone a common base of knowledge that enables every physical therapy technician to provide basic care in all areas of the department.

"I feel it is very important for each technician to understand why a particular therapy is provided and not just how to provide the therapy," said Lieutenant Junior Grade Ken Burger, a staff physical therapist. "It greatly improves the quality of care we provide when the technician understands the rationale of a treatment. A knowledgeable technician is better able to provide appropriate treatment, assess a patient's progress and provide the therapists with valuable information on a patient. This allows us to work as a team.

"On the other hand, we not only correct dysfunctions, but we also educate patients in order to prevent recurrence of a problem and how to cope with it if there's no cure for the dysfunction," said Lt.j.g. Burger.

Each therapist in the department has a team of four technicians for a more comprehensive and effective





(Photos, clockwise): Cmdr. Ken Ridgeway (right) and Lt. j.g. Ken Burger evaluate a patient's knee; Lt. Becky Huckaby performs active assistive range of motion test on a patient's left shoulder; Physical therapy patients work out as part of their treatment process designed to strengthen weakened muscles; Mr. Valentin Meneses, a patient recovering from cardiovascular accident (stroke) gets a helping hand from HM2 Mark Ramsey on parallel bar training; and Eddie Ounkin is treated for back pain with ultrasound.



treatment process. The team meets once a week to discuss key treatment issues and to give each member a broader perspective of the patient's prognosis.

Thorough examination

After careful examination and evaluation of each patient, the physical therapist establishes an individualized treatment program with short- and long-term goals in mind. Treatment may vary from instructing a patient in exercises to increase mobility in joints and soft tissue to inducing electrical stimulation to enhance strengthening of weakened muscles. Whatever the selected treatment program is, Cmdr. Ridgeway's staff makes sure it's geared toward meeting the patient's needs, goals, abilities and lifestyle.

"The biggest satisfaction I get from my job is helping a patient recover from a chronic injury," said Lt.j.g. Burger. "For example, low back injuries can often be chronic and very disabling — a productive person is unable to perform his or her duties. Such a patient needs a specially supervised exercise program in order to work himself or herself back into shape so the

person can be productive again. We have a work hardening program designed to teach patients how to protect their backs. Strengthening and endurance exercises are also part of the program."

HM2 Mark Ramsey, a physical therapy technician, agrees with Lt.j.g. Burger's views about job satisfaction. "We're directly involved in the physical rehabilitation of the injured on a day-to-day basis," he said. "We're able to spend enough time with our patients to get to know them better. They often give us more credit for their progress than we deserve."

"To see patients progress from a point where they are incapacitated to a point where they are very independent is indeed satisfying," continued Petty Officer Ramsey. "It feels good to know that your work is appreciated. You see the rewards of your work and I never get tired of seeing an injured person walk again."

Variety of services

In addition to back school and work hardening, the department also offers hand rehabilitation, cardiac rehab, programs for total joint patients, amputee clinic, and elec-

troneuromyography testing. These services are equal and in most cases are superior to what is available in the civilian community, according to Cmdr. Ridgeway.

The most recent innovative change in the department has been the installation of new modular furniture. The change greatly improves space utilization, markedly enhances the appearance of the department and improves the morale of the staff by providing a more pleasant and modern work environment.

Positive progress

"Step-by-step we're getting closer to how I envision our department should be," said Cmdr. Ridgeway. "Though it's running well, I see multiple areas for improvement."

"In utopia, a perfect physical therapy department would be one with resources to match the demands," Cmdr. Ridgeway concluded. "There is, and will be, no perfect physical therapy department within the constraints of military medicine. The fact we are making positive progress is rewarding and encouraging enough."

In retrospect

Oak Knoll tradition of excellence viewed

(Editor's Note: In celebration of Naval Hospital, Oakland/Oak Knoll's 46th birthday on July 22, the staff of Norwester took a look back at the hospital's colorful history and thumbed through the pages of The Oak Leaf, the hospital's former newspaper. One of the nostalgic items that caught our attention was the address delivered by U.S. Senator Thomas H. Kuchel, who was the guest speaker for the dedication ceremony of the present hospital building. Here's a reprint of the senator's speech as it appeared in the July 12, 1968 edition of The Oak Leaf.)



The architectural model of the present hospital building as constructed by its architects in 1967.

"I join in these ceremonies, dedicating a great new naval hospital, with deep feelings of both humility and pride — humility in the presence of so many who have given so much in the cause of human freedom, pride that in this new, permanent facility, skilled and dedicated specialists, using the most advanced tools and techniques of medical science, will restore our sick, our wounded, and our disabled, and return them to productive life.

"Here, in this new Naval Hospital, a grateful nation will be able far better to minister to the needs of her fallen service sons than before. Oak Knoll is, and has been, a proud name, with a proud history, ever

burden of defending America falls heaviest on the young and the dedicated.

"This hospital is a major part of American society's effort to try to make the unequal sacrifice of those wounded in battle easier to bear. It represents a high and solemn obligation for any nation seeking to follow the rule of justice in its public life."

The senator said the new \$14.5 million hospital "reaffirms the unquenchable vitality of those who keep faith with our nation, that the ceremony was opening a new chapter in life of an institution dedicated

demand of youth for a larger say in our society, of the fact that some in America today pretend that obligations to our nation and the principles for which it stands are no longer binding — that, in fact, you have a right to walk out on civic duty.

"There is so much that can be done to remove the gaps of misunderstanding between those who guide our country and those who

are called upon to serve it," he said, citing the 18-year-old vote and removal of inequities from the Selective Service System as positive steps to be taken.

When a student chooses to burn his draft card, the senator said, it

means not only that he has broken the law and that someone else may have to serve in his place but that "the very educational process which produced him has failed, somehow, to teach him the value of service."

A Party on the Green!

Come out and celebrate the hospital's 46th birthday on July 22 from 10 a.m. to 4 p.m. Food, fun, games and entertainment galore for everyone.

since it came into being, from and after the Second World War. The high service of Oak Knoll to the men of that war, of Korea, and in time of peace are surely recorded on our nation's honor roll. Those services will now continue and expand in this modern naval hospital. Here, the miracles of modern medicine and surgery, in the hands of that valiant breed who assist in God's work of healing, will carry on, fulfilling the prayers and hopes of those in uniform who come here to be mended and to be cured." So began U.S. Senator Thomas H. Kuchel's dedicatory address.

Senator Kuchel remarked that the

to ministering to those who believe in and have fought for our national cause. The very work of Oak Knoll is a testament to the vitality of our people and their faith in their own destiny."

He spoke of the amazing developments in military medicine and its role in the conflict in Southeast Asia, of devoted service and deep and compassionate faith in human values, and he paid special tribute to the work of the "Prosthetics Research Laboratory in restoring to active life the most severely wounded of our fighting men."

Senator Kuchel referred to the



Top photo: Four of the original 20 nurses who composed the Navy Nurse Corps in 1908 were among the guests when the hospital's staff nurses celebrated the 46th birthday of the corps on May 13, 1954; Bottom photo: Nursery, circa 1944.



Here's how the "new" hospital looked to Tribune photographer Russ Reed, when he flew over the compound in June 1968, a month before Oak Knoll was officially opened.



For questions or suggestions to make the affair a big success, call (415) 633-5324 after 4 p.m.

Baseball Hoopla

Scoreboard

June 27 Games:			
Snerfs	7	vs	CPO's 0
OR	23	vs	Psychedelics 5
Radiology	18	vs	E Club 9
PMT	7	vs	Suds Busters 0 (Forfeited)
GEOCOM	21	vs	PEDS/OB 3
June 28 Games:			
Misfits	12	vs	PT 9
PMT	14	vs	PEDS/OB 11

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Teams	Wins	Losses	Pct
Misfits	7	0	1.000
OR	7	0	1.000
PT	7	1	.875
GEOCOM	6	3	.667
Snerfs	4	2	.666
Master Batters	6	4	.600
E. Club	4	4	.556
Suds Busters	3	4	.500
PMT School	2	5	.375
Psychedelics	2	6	.200
PEDS/OB	1	8	.125
CPO	0	7	.000

CPSC to sponsor chess tourney

The Central Pacific Sports Conference is sponsoring a chess tournament on July 23-24 to be held at the Islander Club, Consolidated Mess, Naval Security Group, Kaggs Island.

The tournament will be conducted under the Swiss System but will be governed by U.S. Federation rules.

Contestants are requested to bring their own chess sets and clocks. A limited supply will be available for use.

The top finishers in the competition will be nominated for the Sea Services Chess Tournament to be held September 6-15, 1988 at the Naval Amphibious Base, Little Creek, Va.

Interested personnel are asked to contact Mr. Ron Brown of Special Services at ext. 6014.

Nor Sports

Oak Knoll shines in tennis tourney

The Oak Knoll tennis team and two single players representing Naval Hospital, Oakland and the headquarters staff, Naval Medical Command, Northwest Region hit it big during the recently concluded 1988 Tennis Championships sponsored by the Central Pacific Sports Conference. This year's tournament was hosted by Oak Knoll.

Hospitalman Gerald Russell headed the 3-man team of Lieutenant Jonathan Weeks and Ensign Donald Van Dam, all of NAVHOSP Oakland, to win the team championship.

In the senior division, Captain Raishur Jothi (NAVHOSP Oakland) successfully defended his crown for the fourth consecutive year, while Storekeeper 1st Class Tony Sarmiento (NW Region) placed third in the junior division.

HN Russell was unbeaten as he won six matches to lead the Oak Knoll team. Both Lt. Weeks and Ens. Van Dam each won a match and lost two. But their wins were instrumental in winning the team championship.

"I was very pleased because I didn't think I'd do so well," said HN Russell, who trained hard for the tournament by strengthening his weak points, volley serve and backhand. "The field was very tough and competitive but I believe in my abilities, that I could do it and I did!"

"I didn't go out there to impress people," said HN Russell, "I simply played my best for God."



HN Gerald Russell

HN Russell's scores are as follows:

- 6-1, 6-1 vs Haugen of Naval Air Station Alameda
- 6-3, 4-6, 6-3 vs McCorwell of Mare Island
- 6-2, 6-1 vs Leary of Naval Air Station Moffett Field
- 6-2, 6-1 vs Laursen of Naval Station Treasure Island
- 6-3, 6-1 vs Bingham of Sacramento
- 6-3, 6-3 vs Bingham of Sacramento

Russell works in the Coronary Care Unit at Naval Hospital, Oakland, where his main task as a corpsman, he said, is to make patients feel comfortable and attend to their needs. His teammates, Lt. Weeks and Ens. Van Dam, are

assigned to the hospital's OB/GYN Clinic and Ward 6 North respectively.

Capt. Jothi posted set scores of 6-2, 6-0 to win the crown in the senior division.

"It gave me a great feeling of accomplishment, however, as a defending champion, the pressure weighed heavily on me till it was all over," he said. "To train for the championship, I tried to keep myself in good shape, doing calisthenics and jogging. Also, playing on weekends and entering the hospital's tournament helped me prepare for a bigger tournament."

Capt. Jothi, a general and thoracic surgeon with the hospital's Surgery Department, has been playing tennis since he was a youngster. His grandparents and parents, he said, were all tennis players.

SK1 Sarmiento, who placed third in the junior division, works in the Supply Department, Naval Medical Command, Northwest Region headquarters.

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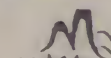
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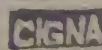
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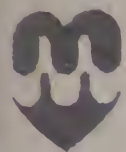
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Hospital Corps Birthday Ball a resounding success



The 90th Hospital Corps Birthday was celebrated in the Bay Area June 11 with a gala ball at the Oakland Hyatt International hotel. Myron Wilson (top left photo), a retired hospital corpsman first class, spoke about his memories of being stationed at Naval Hospital, Oakland as the event's featured speaker. HMCS Harvey Wehry (right, in top right photo), chairman of the ball, gives door prize to HN Shannon Smith of the X-Ray School. Rear Admiral David M. Lichtman, Commander, Naval Medical Command, Northwest Region, and his wife, receive door prize drawing tickets from HMCS Wehry (lower left photo).

Photos by Airman Debbie Davis



Increased Utilization

(continued from front page)

offset military medical staff shortages and continued growth in the local patient population. Naval Hospital, Oak Harbor Commanding Officer, Captain William McDaniel said, "We will soon be able to add more military health care providers to the Family Practice Clinic. This will allow us to reduce our patient backlog at the Family Practice Clinic. I encourage all eligible beneficiaries that have previously been unable to become members of the Family Practice Clinic because there were no openings to now contact the clinic and apply for membership."

The captain added, "I want this contract to work and work well. If our patients have any comments or suggestions, I personally want to hear them."

The civilian health care providers have been reviewed and credentialed by CGSI and will meet or exceed the Navy's extensive quality

assurance and credentialing requirements. The Contract Officer Technical Representative (COTR), currently Lieutenant Mark Manning, has the responsibility for monitoring all phases of the contracted services and acts as the Navy's liaison to the EMAC clinic supervisor.

The EMAC project director for CGSI is Joseph Cosenza. He is very familiar with the Navy Medical Department after recently retiring from the Navy as a lieutenant commander in the Medical Service Corps. Cosenza is responsible for recruiting and hiring the civilian staff and getting the civilian-run clinics functioning. In an effort to obtain high-quality physicians, he has recruited nationwide.

"Our staff is expected to provide quality medical care and courteous service that your patients deserve and are accustomed to," Cosenza said.

FAMILY NIGHT

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Commissioned Officers' Mess

Reservations Required

5:00 - 8:00 PM

No-Host Bar

JULY 6: Spaghetti Feed

All-you-can-eat Spaghetti, Tossed Salad and Garlic Bread. \$5.00/Adults; \$3.00/4-10 yrs.; under 4 free

JULY 13: Beef Rib Night

All-you-can-eat Beef Ribs, Corn on the Cob, Hot Baked Beans, Tossed Salad, Hot French Bread. \$6.00/Adults; \$4.00/4-10 yrs./under 4 always free

JULY 20: Mexican Night

Enchilada, Build-your-own Tacos, Spanish Rice, Refried Beans, Flour Tortillas, Guacamole, Salsa & Chips. \$5.00/Adults; \$3.00/4-10 yrs.; under 4 free

JULY 27: Mongolian Barbecue

Pork, Chicken, Beef, Turkey, Vegetables & Steamed Rice, Rolls & Butter. \$6.50/Adults; \$4.00/4-10 yrs.; under 4 free. Assorted Desserts will be available at an extra charge.

Also in July, the O'Club will feature a Sunday Brunch on July 24 from 11:00 - 2:00. All-you-can-eat buffet. \$9.95/Adults; \$4.00/4-10 yrs.; under 4 free. RSVP required 633-6400, 6401 or 6402.

Better access with NAVCARE offered

(continued from front page)

these are significant to meeting our commitments to our beneficiaries."

The clinic will be operated by PHP Healthcare Corporation of Alexandria, Va., a firm that is already operating similar clinics in other areas. The clinic's staff of 30 to 40 people will consist of licensed and credentialed civilian physicians, nurse practitioners, nurses and support staff.

"There will always be a registered nurse and physician on duty," said Cmdr. Cayere, noting the clinic will operate 83 hours per week. Its hours will be 7 a.m. to 8 p.m. Mondays through Fridays and 7 a.m. to

4 p.m. on Saturdays and Sundays.

The clinic will offer pregnancy testing and well-baby care but will not offer pre-natal care. It will do routine blood tests but not HIV tests. All referrals for specialty care will go to Naval Hospital, Oakland.

Active duty personnel who use the clinic must bring their health records, but they cannot be put SIQ (sick in quarters) or receive annual physicals or flight physicals.

In addition to active duty personnel, their dependents in the Bay Area numbering 31,000 plus 23,000 retirees and 29,000 retiree dependents may be served at the

clinic.

Patients are to be seen, treated and out the door within two hours.

"The contractor is going to be held accountable," said Navy spokesman Howard Thomas. "If we find there is a longer waiting period, additional physicians can be brought in and there are other things the Navy can do to hold the clinic to the waiting period guarantee."

The clinic's ceremonial opening will be held at 10 a.m. on Monday, July 18.

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NORWESTER

The Voice of the Naval Medical Command, Northwest Region

Good morning

Why does the road to success always seem to be under construction?

NAVHOSP Oakland graduates 40 interns



Rear Adm. David Lichtman

by JO1 Dan Guiam

Forty medical and dental interns at Naval Hospital, Oakland recently completed the hospital's unique curriculum of internship training that requires every trainee to be exposed to all areas of particular relevance to general operational medicine.

"As most of you know, I'm an orthopedic surgeon, I didn't come into the Navy to become a bone crusher. I came into the Navy like many of you, for some very basic reasons," said Rear Admiral David Lichtman in his opening remarks as guest speaker for the occasion.

"Number one, I wanted to get a scholarship to medical

school. I also really wanted to be a flight surgeon, and that is what I did...but I looked at my life and decided that there was more in my future than just settling down in one location and opening up an office to practice medicine," the Admiral explained.

"I looked at what the Navy could offer me, and saw that it offered me a good residency program. It offered me the opportunity to practice quality medicine in a satisfactory environment. The clincher however was that it offered me the responsibility that goes along with leadership. Like the ad says, the Navy also offered me adventure."

Admiral Lichtman, Commander, Naval Medical Command, North-

west Region, stressed before a crowd of attentive listeners gathered at the hospital's Clinical Assembly that good and experienced Navy doctors are in demand even though there is plenty of competition in the civilian world.

"The better you are, the more opportunities you will get," the Admiral said. "In fact, if you don't get those opportunities, we probably don't want you either."

"Seriously, if you are just starting out, there will be lots of temptations, and some of you will take advantage of them and jump ship," Admiral Lichtman continued. "That's OK. A Navy career is not for everyone, and the Navy may not be your lifestyle. It was for me. I love all those things you see in the recruiting literature: adventure,

patriotism, camaraderie, honor, and all the rest. They have put the finishing touches on my career."

Admiral Lichtman also related to the interns the problems, challenges and frustrations he has to deal with as Commander of the Northwest Region, emphasizing the issues of manpower and funding shortages. The Navy, he said, presently faces a significant shortage in nurses and support staff, primary care physicians and some selected surgical specialists.

"At present I think that we are spending too much money recruiting physicians, and not enough on retaining the good ones that we have," said the Admiral. "We must close the pay gap between civilian

Continued on page 3

NAVCARE Clinic to open

A ribbon-cutting ceremony on July 18 at 10 a.m. will officially mark the opening of the NAVCARE Clinic, located at 8450 Edes Ave., Oakland, near the Coliseum Branch of the Department of Motor Vehicles and the Holiday Inn.

The NAVCARE Clinic, as reported in the last edition of the NorWester, is one of similar projects the Navy has spearheaded throughout the country in its effort to provide basic health care services to active duty military, retired

military personnel and dependents at no cost on a walk in/no appointment basis. It is geared towards improving better access to military health care by alleviating the problem of overcrowding at Naval Hospital, Oakland and other local military medical facilities.

The clinic will see patients seven days a week beginning at 7 a.m. on Tuesday, July 19. Its hours will be 7 a.m. to 8 p.m. Mondays through Fridays and 7 a.m. to 4 p.m. on Saturdays and Sundays.

Oak Knoll party readied

"For the first time in its 46-year history, Oak Knoll, a very special place, will celebrate its birthday and you are invited!" said Captain Gordon Strom, Naval Hospital, Oakland Commanding Officer.

The festivities will begin at 7:30 a.m. with the sounds of the Navy Band filling the air at Naval Hospital, Oakland's "Birthday Party on the Green" Friday, July

A fire truck will also be on display for the children to tour.

A free hot dog and soda stand will be sponsored by the hospital's Chief Petty Officers Association. For those interested in a complete lunch — the officers' and enlisted members' clubs are always available.

Associations such as the Navy Guild and the Fleet Reserve Association will have booths set up with informative literature about their goals and community support. The Navy Drug Screening Laboratory will also have a booth to promote their "Just Say No" campaign.

To compensate for the additional guests on the compound, Keller Gate will be open from 6:30 a.m. until 6:00 p.m. Additional parking will be available at the Enlisted Club and the tennis courts for all visitors. The parking areas will be clearly marked and parking may be available in the lots located just outside the base entrance.

Shuttle service will be offered from the main gate to the party area continuously throughout the day.

No tickets will be required for invited guests and the party location will be clearly defined for those unfamiliar with the base.

The stage, located at Admiral's Circle right outside the main hospital entrance, will come alive with balloons, colorful streamers and great entertainment following a social graduation for the hospital's Operating Room students. A special greeting by Rear Admiral David M. Lichtman, Commander, Naval Medical Command, Northwest Region and Capt. Strom will highlight the birthday opening ceremony.

Entertainment will include special performances by the D-Annancers and the Hawaiian Dancers who will feature an exciting dance. From blues to boogies, the popular band, The Plan, will take you on a musical ride throughout the day.

Face painting will be available to transform the "little ones" into happy clowns or ferocious tigers.



First shipboard cat scan installed on Mercy, Comfort



USNS Mercy refuels at sea.

The hospital ships USNS Mercy (T-AH 19) and Comfort (T-AH 20) recently became the recipients of the world's first shipboard Computed Tomography (CAT) Scanner in a seagoing vessel. A 1200SX CT Scanner, manufactured in Cleveland, Ohio, by Picker International, will provide the floating hospitals with diagnostic capabilities never before available at sea. The CT Scanner significantly enhances the radiological services available on board by providing vital diagnostic capabilities for specialized studies, obviating the need for exploratory surgery. It also incorporates the most advanced technology in electronics and computer science, resulting in a painless and safe way to assess the human body. Since the advent of the X-Ray in the 1800's, CT is recognized as one of the most important contributions to medicine in this century due to its diagnostic precision and accuracy.

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the Chaplain's Corner

Our World View

by Captain Robert W. Matthias, CHC

The way we look at life is most often determined by where we live. On a recent trip to visit my parents in Iowa, I was again amazed at how parochial and local concerns were. Weather is most often the main topic of conversation, in that it impacts on every aspect of life in the midwest.

The Navy broadens our world view considerably. Local concerns have little impact on life on the West Coast, East Coast or out in the Pacific. And as the years go by we all gradually change to accommodate a much bigger picture and wider view.

As this happens, there is a temptation to change our moral values as well. The most encouraging thing I see in my work is the way in which young Americans continue to hold on to and hold dear their traditional values & their religious faith. For it is precisely that which must not change, for our world view can only provide us with a clear vision and a proper perspective when a gracious and loving God is at the center of our lives, no matter where we live or what we are doing.

The trip to Iowa gave me something more than a reminder of values. It also provided an opportunity to see the beauty of God's creation and the wonder of God's glory in the plains and desert and mountains. The only world view of any value is that which looks up with hope and faith in a brighter tomorrow.

Up Close

HN Ryan Chapman



Command: Naval Hospital, Lemoore

Workcenter: Emergency Room, Immunization Clinic

Job description: I'm detailed to drive the ambulance, provide ambulatory care and assist in whatever evolution the department is tasked to accomplish during an emergency situation. I also check people in for sick call, assist nurses and doctors in treating patients, and administer the required shots for kids going to school.

The most challenging part of my job is: providing patients with superb care the best I can and maintaining the highest standards of professionalism.

Hometown: Hollywood, Calif. — the movie capital of the world.

Hobbies: Music, sports and dancing.

Motto: Live life one day at a time.

Likes: Movies, girls, mountains, beaches, friends, Disneyland and new wave music.

Dislikes: Smoking and prudence. Smoking leaves an offensive odor as if the person hasn't taken showers for days.

Role model/heroes: Any successful musician — the music industry is a very, very competitive business. I know how hard it is to be successful in the field. You've got to be at the right place and at the right time and must have a lot of connections. I've always wanted to be a musician, a drummer to be specific. I played drums for three years, and I get "high" off it whenever I play them.

If I could do it over again, I'd: get better grades in school because I think I would benefit more from having that extra bit of knowledge.

I wish I could stop: tending to be selfish sometimes.

I respect myself for: having high standards in achieving my goals — not letting others make decisions for me. I've done what I wanted to do without so much influence from my father and mother since I was 15. I was totally on my own at 18. I want to achieve more that's why I set high standards for myself.

My immediate goal is: to be successful in life. I think I'm headed in the right direction now. Everything is just coming along fine, but I'll continue educating my mind with as much knowledge as I can.

Do you know

The term for a missile designed to travel at less than 50 feet above the surface of the sea? sea skimmer

The city in the United States that has more fountains than any other city except Rome, Italy? Kansas City, Mo.

Capt. Sowers' service lauded

Capt. McKee new Clinics Command C.O.

by JOC Mike McGougan

Captain Hubert H. Sowers Jr. was awarded a gold star in lieu of his third Meritorious Service Medal to highlight the Naval Medical Clinics Command, San Francisco change of command at Treasure Island on June 21.

Capt. Sowers, retiring after 39 years of Naval service, turned over command of the Clinics Command to Captain Roland E. McKee. Capt. McKee takes charge of the strategic Bay Area medical command after serving as Executive Officer at Naval Hospital, Bremerton, Wash.

Rear Admiral David M. Lichtman, Commander, Naval Medical Command, Northwest Region, guest speaker at the change of command/retirement ceremony, presented the gold star to Capt. Sowers. Rear Adm. Lichtman praised Capt. Sowers for "carrying out our missions in superb fashion" as he pioneered the Navy Medical Clinics Command concept in the Northwest Region while serving as first commanding officer.

The N.W. Region Commander noted that Capt. Sowers "always seems to be where the action is." "Whenever there is reorganization of medical activity, he seems to be close at hand to see that the new organization gets a good start," the Admiral said. "When Naval Hospital, Oakland was becoming the Naval Regional Medical Center, he was there. When the Bureau of Medicine and Surgery became the Naval Medical Command, he was Chief of Staff for the National Capital Region.

"And, when we reorganized in the Northwest Region, Capt. Sowers was called upon to spearhead the new Clinics Command," Rear Adm. Lichtman continued. "President Reagan mandated nearly eight years ago that Navy medicine's mission would be one of fleet support and contingency readiness. In response to that call for support and readiness, the Clinics Command, San Francisco was established."

Naval Medical Clinics Command, San Francisco has, during its first 20 months of operation, consistently demonstrated the capability to provide fleet support and contingency readiness in a variety of ways.

This capability to provide service may not have been perhaps more evident than earlier this year as the Clinics Command was called on to complete a large number of separation physical examinations in a short period of time for fleet personnel returning from overseas when the "early out" program was suddenly renewed. Naval Station



Captains Roland E. McKee (left) and Hubert H. Sowers Jr. (right) are joined by Command Master Chief HMCM Michael Stewart for traditional cake-cutting following Naval Medical Clinics Command, San Francisco change of command at Treasure Island. Capt. McKee assumed command, relieving Capt. Sowers, who retired after 39 years of Naval service. (Photo by Airman Debbie Davis)

Treasure Island has, for many years, served as a receiving station for fleet and shore personnel separating from Naval service. However, the Clinics Command was not "geared up" to process the sudden large volume of personnel arriving for separation physical exams because the demand for this service had decreased over the years.

But, the Clinics Command, displaying characteristic flexibility, readiness to meet any contingency and a "can do" attitude toward supporting the fleet, quickly made the necessary adjustments to demonstrate that its staff was equal to the task. The Clinics Command staff not only completed 697 separation physical examinations of fleet personnel returning from overseas during a six-week period, but it also completed early out physicals of shore station personnel as well while carrying out all other care to "regular patients" in a timely "business as usual" manner.

For their efforts, Capt. Sowers and his staff received an "attaboy" letter of praise from Commander, Naval Base, San Francisco.

"Capt. Sowers, you have always been there when the Navy needed you, and you have my highest regard for what you have contributed to Navy medicine in the past 39 years," Rear Adm. Lichtman added.

Directing remarks to the incoming Commanding Officer, Rear

Adm. Lichtman said: "Captain McKee has demonstrated his leadership and management skills in a variety of key positions. His broad scope of assignments and vast experience have prepared him for the task at hand. With Captain McKee at the helm of Naval Clinics Command, San Francisco, I know we will continue to move in a positive direction, not maintaining the status quo, but always improving."

Capt. McKee has a master's arts degree in health care administration. Like Capt. Sowers, Capt. McKee had extensive experience as an enlisted hospital corpsman. Capt. McKee's enlisted experience includes tours aboard two aircraft carriers and with the Marines. He was commissioned an ensign in August 1968.

During his 29 years of service, Capt. McKee has served in hospitals, clinics, and on recruiting and staff duty. He was Executive Officer of Naval Hospital, Subic Bay, Philippines, and Commanding Officer of Naval Medical Clinic, Port Hueneme, Calif., prior to his assignment as Executive Officer of Naval Hospital, Bremerton.

Capt. McKee's awards include the Legion of Merit, Meritorious Service Medal, and Navy Commendation and Navy Achievement Medals.

Navy hosts microcomputer expo

Navy Micro '88, the Navy's official Microcomputer Conference and Exposition, will be held, July 25-28, at the Town and Country Hotel in San Diego, CA. The conference theme, Expanding Information Resources Management (IRM) Opportunities, reflects the Navy's continuing commitment to expand opportunities for automated solutions.

The Navy Micro '88 program consists of general sessions, training courses, seminars, product briefings and more than 200 exhibits. Experts and leaders from private industry and government will

speak on policy issues and discuss the diverse needs of end-users as well as the latest software and hardware advancements.

Seminars and product briefings will cover desktop publishing, office automation, connectivity, graphics, security/back-up/recovery and computer accommodation for disabled persons, among others.

For more information on Navy Micro '88, Expanding IRM Opportunities, contact NARDAC San Diego, Navy Micro '88, NAS North Island, San Diego, CA 92135-5110 or call (619) 437-7013.

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Achievement Award

Lieutenant Commander Marlys Tuftin, Nurse Corps officer at Naval Hospital, Oak Harbor has been awarded the Navy Achievement Medal for her superior performance as Disaster Preparedness Officer. Lt. Cmdr. Tuftin has coordinated with the community, the Naval Air Station's Fire and Security departments, and with the Military Affiliate Radio System communication center to greatly increase disaster preparedness at the naval hospital. She is credited with improving the disaster plan procedures to bring the command in line with large medical centers. She works in the Labor and Delivery Ward.

Periodontal Surgery

by Commander Gregory Horning, D.C.
Dental Department, Naval Hospital, Oakland

You have just been told by your dentist that you have advanced periodontal disease and need to have periodontal surgery. You may have a few questions.

First of all, why is periodontal surgery necessary? Actually, surgery is only rarely needed to control periodontal disease, a disease that affects almost everyone. Most people can keep their teeth and gums healthy by careful daily removal of the bacterial film which causes the disease, in combination with periodic visits to a dentist or dental hygienist for the removal of bacterial deposits below the gumline.

However, when because of periodontal disease the gum has unzipped so far down the root of the tooth that dental instruments are no longer effective (about 5-6 millimeters), periodontal surgery may be necessary. If not done, the bacterial deposits will remain on the tooth and cause further bone destruction, finally causing the teeth to develop painful abscesses or simply to loosen and fall out.

A home technique popular a few years ago using baking soda and hydrogen peroxide was proclaimed to eliminate the need for this kind of surgical access for root detoxification. Since then, however, it has been repeatedly demonstrated that when periodontal crevices are too deep for dental instruments to reach, they are also too deep to brush in any kind of antiseptic solution. So the need for periodontal surgery in advanced cases remains.

Second, what exactly is periodontal surgery? It is a minor surgical procedure generally done in the dental office with a local anesthetic. It involves folding the gum back away from the tooth just enough so that the dentist (or periodontist, a dentist specializing in treatment of gum diseases) can see the tooth root surfaces. Once they are seen, the deep bacterial deposits crusted on the tooth can be removed. In this way the root surfaces can be made once again acceptable to the body, and the gum can reattach, at least to a degree. Surgical access also makes it possible to graft bone into defects to repair some of the damage. After proper preparation, the gum is closed back with sutures and a dressing placed to keep the area undisturbed especially for the first week.

Third, is periodontal surgery a cure for periodontal disease? No, it is not. The bacteria which cause the disease are normally in the mouth, and continually form on the teeth as a thin film, requiring meticulous personal removal on a daily basis. Periodontal surgery can achieve a complete cleansing of deeply hidden bacterial deposits for only one point in time. If the bacteria are kept off of the teeth long enough afterward for reattachment and healing to occur, then a healthy and maintainable periodontal attachment can be achieved, and the teeth can be saved.

If the bacterial film is allowed to build up during the healing period when the gum is actually less resistant to the destructive effects of bacteria, the result may be less than desired. Many people have undergone periodontal surgery to little avail when bacterial deposits have been allowed to quickly accumulate afterward, and further extensive treatment has been necessary. To prevent a poor result, periodontal surgeons are extremely choosy about which patients receive periodontal surgery. Excellent home care is a strict requirement, and numerous preoperative visits are insisted upon to insure frequent and complete removal of bacteria.

Fourth, how much will it hurt? Of course, some soreness is normal the first day or so after periodontal surgery. Many persons, however, have very little discomfort. A more common complaint afterward is sensitivity to hot or cold liquids. This is caused by exposure of more of the tooth root surface, and may last for a month or so.

Finally, what else do I need to know about periodontal surgery? Depending on exactly what type of defects or problems are present, any techniques may be used. These may include grafting of gum tissue and bone if needed, the correction of gum contours to improve their appearance and cleanliness, the placement of dental implants, and the use of recent techniques for guided tissue regeneration. By the appropriate use of these types of surgical procedures, as well as proper use of antibiotics, antiseptics, and anti-inflammatory agents, much can be done to control periodontal disease and save teeth from otherwise certain loss.

NAVHOSP Oakland graduates 40 interns

and military physicians and improve the working conditions by giving our doctors more administrative support."

In his speech, the Admiral singled out Graduate Medical Education (GME) as the key to recruiting and retention of quality physicians. Paraphrasing the posture statement remarked by Vice Admiral James Zimble, the Navy's Surgeon General, he said, "If we cannot train physicians, we have little hope of retaining them as career officers."

At the conclusion of his keynote address, the Admiral once again stressed the opportunity to practice

quality medicine; the opportunity for adventure, patriotism and leadership; and thirdly, the rewards of participating in graduate medical education as important issues that separate Navy medicine from the civilian world's.

"Quite frankly, I find Navy medicine an exciting place to be," he said. "It's filled with challenge, opportunity and adventure. If you don't think there is adventure, come with me next week to Adak. Just getting there is an adventure."

The interns who graduated are: Lieutenants Nil Anderson, Richard Baertlein, Mark A. Beattie, John L. Berlot, Gregory H. Cross, Francis

Continued from page 1

G. Curtin, Jeffrey K. Evans, Michelle Halle, Sherman Hawkins, Wayne S. Inman, Robert V. Iverson, Mark A. Jones, John J. Keizur, Thomas J. Kim, Eric B. Lefever, James G. Leonhardt, Douglas Lewis, Joseph W. Lucero, Kevin G. Mahaffey, Jonathan D. Main, Bruce D. Mikesell, Kenneth L. Miller, Stephen W. Munday, Shawn L. Palmer, Tremont V. Parrino, Stephen Peters, Bobby D. Peterson, William B. Poss, Kyle B. Potts, Robert H. Rice, Michael C. Royce, James A. Rieger, Neal S. Simpson, Archie J. Sirianni, Jennifer L. Stanley, Timothy N. Tolan, Kelly J. Tucker, John E. Varallo, James D. Waters and Douglas E. Winesett.

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Med commands salute hospital corpsmen

Naval Hospital, Oak Harbor staff took part in an anniversary ball at the Naval Air Station, Whidbey Island CPO Club on June 18 to celebrate the 90th birthday of the U.S. Navy Hospital Corps.

Part of the celebration included dining and dancing to the music of the Navy Band.

Guest speaker, Retired Marine Corps. Lieutenant Colonel Jim Kean, gave a stirring account of his experiences while serving with Hospital Corpsmen during his 23 years as a Leatherneck.

Lt. Col. Kean is distinguished as the last American serviceman evacuated from Saigon in 1975. He was Commanding Officer of the

Marine security force during the evacuation.

"Some of my fondest memories are of the Corpsmen," Kean said. "Some of our best work (in Vietnam) was during patrols when we would stop in the hamlets and the Corpsmen would treat the children and older people in the hamlets. The Corpsmen showed good will.



Hospital Corpsman Senior Chief Bill Conner and Hospitalman David Jarbet share in the cutting of the Hospital Corps anniversary cake at Naval Hospital, Oak Harbor. (Photo by Lt. Lee Cornforth)

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"When the shooting starts, you (the Corpsmen) have to do your job. You don't get to hide like the infantryman can. When you hear the anguished cry of a wounded Marine shout 'Corpsman!' you cannot hide. You treat and administer painkiller, then have to move on to the next guy or comfort a dying soldier."

Kean went on to give several vivid accounts of the lifesaving skills demonstrated by corpsmen in the field. Kean is now president

of Pacific Grinding Wheel Co., Inc., of Marysville, Wash.

The Hospital Corps' proud heritage is distinguished by countless acts of heroism and humanitarian acts in the line of duty throughout the world aboard ships and ashore. The Hospital Corps is distinguished as one of the most decorated corps in the U.S. Armed Forces. Since 1900, 21 hospital corpsmen have been awarded the Medal of Honor. Eleven of those have been posthumously awarded.



Master Chief Hospital Corpsman William Griffith (left), Command Master Chief for Naval Medical Command in Washington, D.C., chats with Captain Hubert Sowers Jr. (center), former Commanding Officer of the Medical Clinics Command, San Francisco, and Captain Roland McKee, the command's newly installed "skipper." The trio were guests of honor during the recent celebration of the Hospital Corps 90th birthday hosted by the Clinics Command at the Marine Memorial Club in San Francisco. After-dinner ceremonies included two reenlistments, recitation of the Hospital Corps Oath and contemporary dancing to popular music by the Navy Band.

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Nor Sports

'Low impact' aerobic trend

"Low impact" is the newest trend in aerobic exercise. "It's a fantastic way to get involved in a fitness program," said Joyce Heflin of the Navy's Health and Physical Readiness Office. "It's social, the music is dynamite and with a good, personable instructor, you can get a great workout and have a lot of fun. And it's not just for the out-of-shape — a lot of Seabees and SEALs are taking the classes too."

The Seabees and SEALs and others obviously don't rely on low-impact aerobics to ensure they score well on fitness tests. "But as an adjunct to training, it's super. It can relieve the boredom of just working on tested skills," said Heflin. For dependents and civilians, low-impact aerobics can fill the bill for a fitness program, said Capt. Frank Gross, staff physiologist at Randolph Air Force Base, Texas.

Gross likes low-impact exercises because they can improve or develop upper-body strength. "People who focus exclusively on running may be neglecting their upper bodies," said Gross.

Low-impact aerobics was developed after persons taking high-impact aerobic courses started developing stress fractures, knee injuries and low-back injuries.

Low-impact aerobics includes more floor exercises, and the dance routines keep one foot on the floor at all times. There are no high leaps, such as those found in regular aerobics, so the body weight is not pressing down on the foot as it hits the floor with as high an impact.

Just because it's safer doesn't mean it's easier. "You can achieve a

rigorous workout without going into a high-impact situation," said Gross.

Some of the injuries sustained in high-impact aerobic classes might have been avoided had the instructors been better qualified.

Said Heflin, "It's important that you make sure your instructor is certified by an organization like the American College of Sports Medicine. A certified instructor will know CPR and other first-aid techniques and will know enough about exercise physiology not to instruct you to do anything dangerous." Low-impact aerobics classes are available at many military recreation and fitness facilities. The instructors at these classes are properly trained.

If you're looking for a class in the community — and there are many good ones — Gross suggested looking at the room where the class will be taught as well as at the instructor's qualifications. "You want a floor with some resiliency, but it shouldn't be like dancing on a pillow either," he said.

And if you want a change from low-impact aerobic dancing, Gross had another suggestion. Try "jarming" — which gets its name from putting a "j" for jog in front of "arm." This involves sitting in a chair with "heavy hands" (small weights in the hand) and making swimming motions with the arm. It's great for upper-body strength, and you're guaranteed to baffle at least some of your friends when you excuse yourself to go jarm. Of course, it's a good idea to get a doctor's advice before low impacting or jarming.



Wristwrestling Champs

First row (from left): Mr. Bill Soberanes, HN Kristen Thorstenson, HN Cordis Jordan, Ens. Geri Haradon and Mr. Jim Payne. Second row (from left): Lt. j.g. Don McKeag, Lt. Cmdr. Ozzie Watkins, Mr. Ron Brown, HN Ed Mitchell and HN John Ochs. (Photo by AN Debbie Davis)

N.W. Region wristwrestling champs hailed

For all that participated, including the well-wishers that were present, the first annual Oak Knoll Wristwrestling Championship was hailed as a huge success. The event was held at the Commissioned Officers Mess ballroom with free refreshments for all.

Oak Knoll was honored with the

attendance of Mr. Bill Soberanes, one of the founders of wristwrestling in Petaluma, Ca., and Mr. Jim Payne, the former Mr. America and several times Wristwrestling Champion of the World.

Mr. Soberanes and Mr. Payne officiated the matches held at Oak Knoll and later held a clinic for the

participants. Mr. Payne also performed some amazing feats of strength that one doesn't normally see many, if any, 62-year-old men perform.

The results of the tournament, reported by Special Services Director Ron Brown, are as follows:

Featherweight: (130-150 lbs.)

1st: Cordis Jordan

2nd: Chris White

Lightweight: (151-175 lbs.)

1st: Don McKeag

2nd: John Ochs

Heavyweight: (200 lbs. plus)

1st: Ed Mitchell

2nd: Ozzie Watkins

Women's Div.:

1st: Kristy Thorstenson

2nd: Geri Haradon

After the tournament, Mr. Soberanes was kind enough to invite all the participants as guests to the World Wristwrestling Championships being held in Petaluma, Ca. next October. Be sure to look for this on ABC's Wide World of Sports this fall.



HN Sean Griego's facial expression furrows into a deep grimace as he armwrestles with HN John Ochs. (Photo by AN Debbie Davis)



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USUHS professor wins medical film 'Oscar'

by JO3 Tammy S. Begasse

It was a very special night for Navy Doctor (Commander) Joe V. Henderson, Medical Corps, as he approached the podium at the 7th Biennial John Muir Medical Film Festival awards ceremony held at the Ramada Renaissance Hotel in Walnut Creek, June 25.

Cmdr. Henderson, assistant professor of the Preventive Medicine and Biometric Department at the Uniformed Services University of Health Sciences in Bethesda, Md., was presented the California Emergency Physicians Critical Care Gold Award (first place) for his interactive video, Advanced Combat Trauma Life Support.

The internationally recognized audio-visual media competition awarded 29 gold, 29 silver and six top honors for submissions that captured the concerns, issues and focuses of today's health care community. Entrants addressed an increasingly diverse array of topics such as AIDS, aging, medical imaging, and science and technology.

Lone military winner

Cmdr. Henderson, the only military member recognized from the more than 475 entrants, was quick to point out that the Navy was instrumental in turning his innova-

tive idea into the award-winning reality.

"The Navy has been a stairway upward by giving me the privilege to help make a video like this one," he said as he accepted the award. "It's an experience that few become fortunate enough to have."

Interactive video

Cmdr. Henderson's 30-minute interactive video is intended for use by military physicians in trauma management to promote experience in combat situations during peacetime conditions. It is a means of providing training and experience in clinical decision-making through patient simulation "as close to the real thing as possible in peacetime," described Bruce Baldwin, medical director for the John Muir Hospital's Emergency Medical Services as he made the presentation to Cmdr. Henderson.

Though the actual production of the interactive video took 10 days, the designing, writing, programming and creating took two years. A team of experts were involved in the evolution according to Cmdr. Henderson.

Naval Health Sciences Education & Training Command (HSETC) in Bethesda, Md., produced the video after the idea was introduced

to them by Frank Toth, who is the head of biocommunications there.

"I thank Frank for giving me the opportunity to make the dream come true," said Cmdr. Henderson.

Another person specifically recognized by Cmdr. Henderson during the award ceremony was the computer designer and programmer, Adam Galper.

"Adam was the man responsible for the work that you did not see which is at least half of the video — the computer program itself," explained Cmdr. Henderson. "It's just a masterful piece of work."

This is how the interactive video basically works. To utilize the video, a training station consisting of a video laser disc, computer with a floppy disc, monitor and keyboard is used.

Combat scenarios

A physician, for example, wanting to utilize the training video would take a seat at the station and activate the program on the computer. At that point, the physician is met with five consecutive combat scenarios. In each case, the individual is transformed by video into a combat zone resembling what you might imagine during a medical emergency on the television show M.A.S.H.

Now the interaction begins. The physician activating the program

now becomes the physician in the video. He must assess, diagnose and treat the casualty in the video by using the computer keyboard to indicate necessary procedures to ensure the life of the patient.

Once the physician has completed each case, the computer critiques the decisions regarding the gambit of medical needs for appropriateness and accuracy. The computer calculates everything from laboratory tests ordered to the time provided for each medical decision.

Stimulating training

The interactive video is a very stimulating and exciting way to test skills. It gets individuals familiar with the myriad of medical functions required during combat situations from administration to actual surgery.

Though interactive video is very new to the audio-visual community, it has already proven itself to be an effective means of training. More than 200 training stations are available for physicians, nurses and corpsmen world-wide in the Navy community. Naval Hospital, Oakland currently has two training stations located in its Education and Training Department.

The black-tie event that recognized this training video marked the culmination of a week of film



Cmdr. Joe V. Henderson

screening open to the public. The screening consisted of 60 different entries and was held at places such as the Exploratorium in San Francisco and the State II Theater in Walnut Creek.

Cmdr. Henderson, who will retire from the Navy in August of this year, plans to continue his work as assistant professor at the university where he was been since 1984.

Receiving his commission in 1971, Cmdr. Henderson completed his internship at Bethesda Naval Hospital and was subsequently assigned to the Naval Submarine Base in Groton, Conn. for five years.

Cmdr. Henderson completed his residency in Preventive Medicine at Yale University.

Mass casualty drill successful

NAVHOSP Oak Harbor shows readiness

The readiness of Naval Hospital, Oak Harbor in a mass casualty situation was recently put to a test during a simulated explosion at the Naval Air Station Whidbey Island enlisted club.

More than 40 casualties were "treated" during the drill, which is held biannually in coordination with the NAS fire and security units. The drill was successful with every participant performing in an exceptional manner, according to officials evaluating the exercise.

As the drill scenario "drama" unfolded, NAS fire and security units arrived on the scene first and took control of the situation, providing immediate assessment and first aid to the "injured." Hospital personnel were then notified of the "tragedy" and went to work right away, initiating the disaster preparedness plan.

The hospital was cleared of non-essential personnel and an immediate recall of all hospital staff begun. The MARS (Military Affiliate Radio System) volunteers

were called to provide assistance with communication.

Ambulance crews were dispatched to the scene to stabilize the "injured" and to prepare them for transport to the hospital. Meanwhile, the hospital's main lobby and dental wing were transformed into patient triage and treatment areas.

As the "injured" arrived, staff members detailed to the primary triage area had the important task of determining which injuries required priority intensive care.

Patients were then routed to the most appropriate secondary treatment areas depending on the type and extent of the injury.

Like precision clockwork, the drill moved from one evolution to another in superb fashion.

Teamwork was very evident as one participant put it. The drill, he said, provided valuable training and enhanced the hospital's readiness so that emergency services and medical care can be the most efficient possible in the event of a real mass casualty situation.



A patient is evaluated for injuries sustained during the "explosion." (Photo by Lt. Lee Cornforth)



Above: A station fire/rescue crewman provides initial assessment of injuries at the scene. Below: Cmdr. Michael Louge, family practice physician, assesses a patient prior to transport to the hospital. He is assisted by HM2 Kevin Craig. (Photos by JO2 George Hammond)



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Good Morning

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—Laurence J. Peter
Canadian Educator

NORWESTER

The Voice of the Naval Medical Command, Northwest Region

CRI project begins Aug. 1 for beneficiaries

CHAMPUS Extra saves time, money

On August 1, beneficiaries of the CHAMPUS military health care program will be able to select a new benefit option that could save them money and time.

The new program, called CHAMPUS Extra, is part of the Department of Defense-sponsored CHAMPUS Reform Initiative (CRI) designed to enhance CHAMPUS coverage in California and Hawaii.

The CHAMPUS Extra program, which is offered to those people who are eligible for standard CHAMPUS, is intended to provide:

- *better access to physicians;
- *improved coordination of health care between civilian and military providers;
- *a CHAMPUS Service Center;
- *no claims to file;
- *reduced costs.

The CHAMPUS Service Center for Naval Hospital, Oakland is located in its lobby. A similar office is set up in every major military hospital in the Bay Area and throughout California and Hawaii. The Oak Knoll office is manned from 8 a.m. until 5 p.m., Monday through Friday. For after-working hours service or weekend visits, a toll-free number is provided and a nurse will be on the line 24 hours daily. The number to call is: 1-800-242-6788.

It should be noted that CHAMPUS beneficiaries do not have to use the CHAMPUS Extra program if they do not wish to. Standard CHAMPUS coverage will continue

to be available.

Under the CRI program, CHAMPUS beneficiaries may also take advantage of the expertise of the "Health Care Finder." The Health Care Finder is a registered female or male nurse located at the CHAMPUS Service Center at or near the military treatment facility. The Health Care Finder will help beneficiaries obtain the most appropriate care for their needs.

At the Oak Knoll CHAMPUS Service Center, three Health Care Finders under the managerial supervision of Ms. Mary MacPhail will be available to assist patients in routing them to the proper physician for whatever medical care that is not available at the hospital as quickly as possible or within the accepted medical delay.

If you have any questions concerning CHAMPUS Extra, don't hesitate to visit the hospital's CHAMPUS Service Center. Ms. MacPhail or any of her staff members would be more than happy to provide you the answers. Or you may want to call 1-800-242-6788.

The following questions and answers are designed to help you understand more about how CHAMPUS Extra works?

Q. What is CHAMPUS Extra?

A. CHAMPUS Extra is an additional, alternative CHAMPUS program available to people who are eligible for CHAMPUS. Participation in CHAMPUS Extra is voluntary, and enrollment or application is not required. CHAMPUS

Extra offers less expensive health care than standard CHAMPUS, and beneficiaries are not required to fill out claim forms.

Q. What is the major difference between standard CHAMPUS and CHAMPUS Extra?

A. CHAMPUS Extra is a network of approved providers and hospitals, and is therefore less expensive than standard CHAMPUS. Beneficiaries may use either or both programs for their health care needs.

Q. In general, how does CHAMPUS Extra work?

A. There is no need to enroll in CHAMPUS Extra. CHAMPUS beneficiaries only need to go to a CHAMPUS Extra Provider listed in the CHAMPUS Extra Provider Directory and display their military identification card. Benefits of CHAMPUS Extra include:

*Dependents of active duty personnel pay a 15 percent co-payment for outpatient care instead of the 20 percent co-payment required under the standard CHAMPUS program;

*Military retirees and their dependents pay a 20 percent co-payment for outpatient care instead of 25 percent under standard CHAMPUS;

*For retirees, general acute care hospital costs are capped at \$125 per day, instead of \$175 (or 25 percent of billed charges) under standard CHAMPUS; active duty dependents do not pay for hospitalization.

*Approved providers (those

(Continued on page 3)



Vice Admiral James Zimble (far left), Surgeon General of the Navy, leads ribbon-cutting at the opening of the new NAVCARE Clinic in Oakland. (Photo by Airman Debbie Davis)

New NAVCARE service big aid for patients

by JO1 Dan Guim

In a move to improve better access to military health care in the Bay Area after overcrowding at Naval Hospital, Oakland and other local military medical facilities, a medical primary care clinic contracted by the Navy, "NAVCARE Clinic," formally opened its doors July 18 amidst hopeful jubilation and optimism.

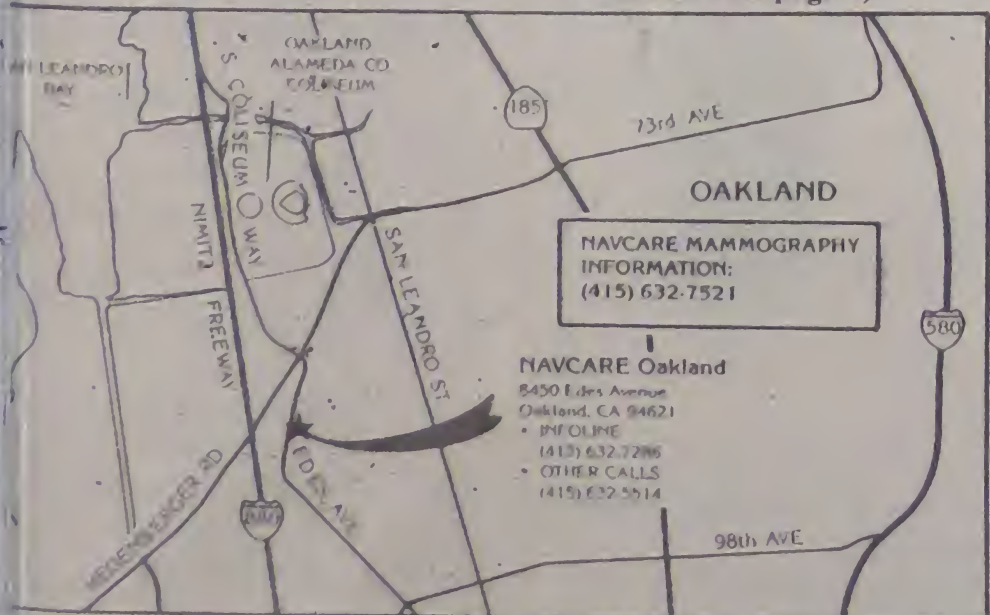
Among the dignitaries on hand for the NAVCARE Clinic ribbon-cutting ceremony were Vice Admiral James Zimble, the Navy's Surgeon General; Rear Admiral Robert L. Toney, Commander of Naval Base San Francisco; Oakland's Vice Mayor Aleta Cannon; and Charles Robbins, President of HP Healthcare Corporation, the civilian medical group contracted to operate the clinic.

Captain C. Gordon Strom, Commanding Officer of Naval Hospital, Oakland, served as the master of ceremonies.

"This facility is Naval Hospital, Oakland," said Vice Adm. Zimble before an enthusiastic crowd of civilian and Navy health care providers gathered for the clinic opening. "It just happens to be slightly away from the main building. I spent many a day as an intern, a resident, a staffer and a Commanding Officer in a hospital watching our emergency rooms becoming overwhelmed by non-emergency cases, which we can't turn away but that dilute our responsiveness in taking care of vital emergencies."

"This episodic care clinic is the ideal way to go and gives us the chance to shake hands with the

(Continued on page 4)



CNO urges military: 'Get out and vote!'

In 1988, the President, one-third of all Senate members, all House members, 13 governors and numerous state and local officials will be elected. Each of these office holders, particularly those in the federal government, will play a key role in determining the future for Navy people and their families.

The American system of government is based on the concept that power flows from the people to the government. President Abraham Lincoln expressed this thought when he spoke in his Gettysburg Address of "government of the people, by the people, and for the people." Although the government has very real and often awesome powers over us, together we can have considerable power over the government.

Our first and most important power as individuals in America is the right to vote in free elections in order to choose those who will govern and guide our nation.

In 1984, a presidential election



Admiral C.A.H. Trost

year, voting participation by Navy members and their dependents reached 64.5 percent — its highest level since the Department of Defense began conducting post-election surveys. Compared to the national average of 53.3 percent, the military turnout might seem encouraging. But when you reflect on the critical role our elected leaders play in the lives of military people — in our pay, in our work, and in our future —

it is a sad fact that only two-thirds of us bothered to vote.

What is more disheartening is that less than half of our petty officers and non-rated people and their dependents took part in the electoral process. Those of you and your spouses who perhaps have the most at stake with pay, reenlistment bonuses, housing allowances and other benefits are not even choosing to make yourselves heard.

There is a common feeling in the U.S. Congress that military people have no constituency. That's not quite true. What Congress is really saying is, "You military people don't vote enough to make us pay all that much attention to you. And you don't scream enough or write enough letters to your congressmen so that we know what your problems and concerns are."

My visits to the fleet have reinforced my feeling that Navy people today are the finest I've ever

(Continued on page 6)

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NorWords

by Airman Debbie Davis

Have Women in the Navy come a long way?

(Editor's Note: Today's women in the Navy serve in a variety of billets, perform skills and demonstrate professional expertise in ways never before available to them, and are continuously on the march toward expanding their role and making greater contributions in the once male-dominated organization. They have come a long way, and this significant stride is absolutely a total affirmation of our Navy's commitment to "Equal Opportunity for Everyone." Tomorrow, July 30, we celebrate the establishment of WAVES (Women Auxiliary Volunteers for Emergency Service) in 1942, and in recognition of this important milestone, we asked people at random "Have women in the Navy come a long way?")



PNCS Betty J. McClyman, Career Counselor, GEOCOM

"Definitely! Nineteen years ago 18 ratings were available for women. Today there are 87 out of 102 ratings open to women. There

were limited overseas billets, plus you had to be 21 and a petty officer. Now there's been a tremendous increase in the number of overseas billets with fewer restrictions. Years ago a woman could not raise a family and pursue a naval career. That's not so anymore! The biggest change was the assigning of women to non-combatant ships. Last year I detached from a ship with a crew of 1,200, of which there were 350 women assigned. In those three years we earned three Battle "E's" and one Meritorious Unit Commendation. I can't help but feel the women assigned contributed to that ship's success."

"Yes, the prospect of equal opportunity in the Navy has been increasing year-by-year. No longer are the so called 'hard jobs' manned by men. Women have shown the ability to succeed as well as men as far I can remember. I think, finally, women are not thought of as the weaker sex but as just another member of the team. And that's what it's all about in the Navy: teamwork and not biased or chauvinistic concepts in job opportunities."



YN3 John E. Breeden, Mobilization and Planning, Naval Hospital, Oakland

"Yes, they have. When they first came in the Navy, they were called 'Yeomanettes' and performed administrative work. Now they work in many different fields that were once only male-oriented jobs."



Lt. Dennis S. Kumata, Anesthesiology Dept., Naval Hospital, Oakland

"That's a difficult question for

RP2 Timothy J. Fallen, Pastoral Care, Naval Hospital, Oakland

"In relation to say, fifty years ago, yes. In relation to their civilian counterparts in today's society, however, more can and should be done to legally allow women as many opportunities as possible."



HA Douglas L. Capra, Nursing Services, Naval Hospital, Lemoore



PN3 Andrea J. Paul, Office of Medical Affairs, GEOCOM

"Yes, women have come from being volunteers in the 'old Navy' to being electricians, doctors, hull techs, etc. We have become an important cog in the Navy system. I am happy to be a woman in today's Navy."

me to answer, since I've been in the Navy such a short time, and really do not have a clear idea of what the pre-existing conditions were such as career or advancement opportunities, or previous attitudes in the line community. It's also difficult to comment on this question since my exposure to the line community has been extremely limited — I don't think that one can assume that the progress/advances in the health care field parallel or reflect changes in the Navy."



Sea Service tackles home violence issue

by Jim Garamone

American Forces Information Service

An innovative family advocate program with the objective of dealing with the problem of domestic violence in military families is getting a lot of attention these days. Called the Services Assisting Family Environments program, it assumes a service member with problems at home will carry those problems over into work.

"A person with family problems just isn't going to be as productive at work," said Navy Rear Adm. Russell L. Marlor, surgeon, United States Pacific Command, which runs the program. "Getting involved is not only the compassionate thing to do. It also makes sense from a productivity side."

Child abuse and neglect and wife abuse are not peculiar to the military, nor does the military exhibit a larger tendency than the civilian community to have these problems. "I don't think there is

more abuse, I think there has always been a certain amount," said Marlor. "I do think that people are more aware of the problem and are reporting it more frequently now."

Services Assisting Family Environments is a joint-service program providing care for the 125,000 service members and dependents in Hawaii. "Senator (Daniel K.) Inouye (the senior senator from Hawaii) was instrumental in getting this process off the ground," said Marlor.

One component of the program is SAFE teams. These teams—a social worker, a nurse and an outreach worker—visit families and work with families to get them to work out their problems. "These teams are trained in helping families," said Marlor. "The idea of reaching out to families is not new. What we have done here is put together what we believe is the right combination of people to provide intervention, treatment and support when the family situation

is not going well. Further down the line, they can call on other resources—psychologists, medical experts, other social workers and what resources there are in the civilian sector."

The program was started in 1982. In fiscal 1987, SAFE teams assisted 348 families. In the first half of fiscal 1988, teams served 257 families.

The second component of the program is a shelter the command provides for abused wives and abused or neglected children. "There are times when a crisis occurs—or is about to happen. Then you have to have a place for the wives or children to stay," said Gwendolyn R. Costello, special assistant for family advocacy to the Pacific Command.

Children and wives receive counseling and other help. "This shelter provides a place to put families that are in immediate danger," Marlor said.

Soviet defense chief visits U.S. carrier

Aboard USS Theodore Roosevelt

— Seeing is believing, and now, the top Soviet military leader knows firsthand what an American aircraft carrier can do.

Marshall of the Soviet Union Sergei F. Akhromeyev, First Deputy Minister of Defense and Chief of the General Staff, Union of Soviet Socialist Republics, was here recently at the invitation of Admiral William J. Crowe Jr., Chairman of the Joint Chiefs of Staff. Akhromeyev's visit here is part of a seven-day visit to U.S. military installations.

Akhromeyev, the Russian equivalent of the CJCS, is making his first U.S. visit outside Washington, D.C. His previous visit to the United States was during the summit meeting between President Reagan and General Secretary Mikhail Gorbachev last December. While in the United States, Akhromeyev discussed a variety of issues with Adm. Crowe, including military-to-

military relations between the two countries. Akhromeyev will also be given unclassified briefings on the roles and equipment of units based at selected installations.

While aboard here, Akhromeyev was shown carrier operations and an air power demonstration, during which squadrons of the Roosevelt's air wing demonstrated basic tactics and maneuvers unique to their mission.

Following his arrival July 3, Akhromeyev visited Camp Lejeune in North Carolina and made a stop in Williamsburg, Va. The Marshall's itinerary included visits to the tomb of the Unknown Soldier, Fort Hood, Texas, and Ellsworth Air Force Base in South Dakota, with stops in San Antonio, Texas; Oklahoma City and Norman, Okla.; and New York City.

Akhromeyev's party included his wife, the Chiefs of Staff for the Soviet Ground and Air Forces, Soviet Chief of Naval Operations

Admiral K.V. Makarov and Major General I.S. Skuratov of the Soviet Marine Corps.

Marshall Akhromeyev has extended an invitation to Adm. Crowe to tour the Soviet Union in 1989, which Adm. Crowe has accepted.

Information available about overseas duty

Are you awaiting orders to an overseas duty station? Do you know someone with overseas orders? If your answer is yes, call Overseas Transfer Information Service (OTIS).

This OTIS hotline provides answers to questions about overseas assignments. Information from passport and visa requirements, to household goods shipments to available recreation facilities, can be obtained through OTIS.

The hotline is open during the hours of 8 a.m. to 4 p.m. (EST) Monday through Friday. All other times, just leave your name, telephone number, location and working hours on the OTIS answering machine. Your call will be returned the next working day.

The hotline number is 1-800-327-8197, or autovon 224-8392 or 8393, or commercial (202) 694-8392 or 8393. Collect calls are accepted. You may also write for information to: COMNAVJILPERSCOM (N-622), Washington, D.C. 20370-5000.



HM1 Jean C.K. McColley, Navy Branch Clinic, San Francisco

"Yes and no. The time has come

when there is a need for women in the leadership positions. We have been recognized and this has been accomplished. Still with regard to the question of 'suitability for combat duty,' there is debate. Whether this debate is a question of physical capabilities or strictly gender-related remains unsolved. When compared to even two years ago, indeed, we have come a long way because never has upward mobility been greater for women in the Navy."



HMC Frank Gillette, Education and Training, Naval Hospital, Oakland

"Yes, they certainly have. Attitudes have changed for the better. I see women in more senior positions now. We recently had a female as the Commanding Officer of the hospital. Opportunities have broadened a great deal."



PNSN Kelli Buzan, Manpower, GEOCOM

"Yes, women in the Navy have come a long way. Every day women are meeting more and more challenges, and coming out on top. Women are a very important part of the Navy."

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the Chaplain's Corner

by Chaplain Joseph W. Estabrook

(Chaplain Estabrook is assigned TAD to Naval Hospital, Oakland, through the month of August)

Not too long ago the Edinburgh Zoo in Scotland had a 12-year-old elephant named Dali who refused to leave her indoor pen and go out into the fenced yard. Everyone at the zoo, understandably, was upset and did everything they could think of to get Dali out of her pen. Nothing worked! If only they could figure out why the elephant wouldn't come out, perhaps they could find a solution.

The zoo appealed for an answer through the media and received over 1,000 letters in reply with hundreds of ideas. Very few were practical and the rest didn't work. The curator of the zoo felt absolutely helpless and was quoted as saying: "...most people simply underestimate the strength of an elephant!" He told the press that drugs would be tried, along with a truck and harness, in the spring of the year. His frustration was evident and the whole thing had gotten the better of him.

Many of us are like the curator of the zoo. We feel powerless over the problems and frustrations of our life: spouses often suffer silently with the emptiness that has crept into their relationships; parents become confused and frustrated with the behavior of their children; sickness can cause new and surprising doubts and fears and feelings we never had before. Some problems, like financial problems, frustrations with the Navy, irritations with the system...like the elephant was to the curator...can loom larger than life and seem so immovable.

Fear of dealing with crises which arise in life is nothing new. At the time Jesus was being crucified, the Apostles were hiding in fear in "the upper room." If you brought your present fears, frustrations, and doubts to this "crowd," their response to you would have been: "Come on in...Welcome to the Club! There's lots of room—just close the door and lock it!" It was significant that the first people Jesus went to after his Resurrection were these very people hiding in fear. Each time he appeared to them he said, "Peace!" He had to repeat these words, and reassure them. He reminded them, "I am the Way, the Truth and the Life!" He told them to "Go!" out of their little locked room..."I give you one Command, love one another..." Strangely, it's our involvement in others' lives which helps to free us from the prisons of our own.

Whatever your need, there are others who are also struggling with the same thing. Have you ever been in an elevator in which everyone is absolutely silent? Everyone looks straight ahead, or watches the numbers of the floor change, or look at the floor. There's an awkwardness that everyone feels and an inaudible sigh of relief exudes as the elevator stops and the doors open and people rush out into the anonymity of the lobby. The sad thing about the elevator is not the awkwardness so much as everyone's inability to share it. But many have successfully broken out of their prisons and are finding answers and direction with various groups.

Alcoholics Anonymous and Adult Children of Alcoholics, Shanti Project, Tough Love, Narcotics and Overeaters Anonymous, Marriage Encounter, and others are made up of people finding creative solutions to some very difficult problems. If our tomorrow is seen in terms of survival only, then our present is bleak indeed. But if tomorrow is seen in terms of finding a renewed vision and a renewed faith by getting out of the upper room, then the future holds nothing but hope.

The story about the elephant has an ending, by the way...! An old Indian elephant in the next pen died. Within a very short time, Dali began to go outside. It turned out that Dali had been afraid of the other elephant and her fear almost killed her. It was as if dying would have been better than "whatever might happen" if her fear had been faced.

The only odd thing about Dali now, according to newspaper reports, is that she only goes out of her pen backwards. Just in case, I guess!

CHAMPUS Extra saves time, money

(Continued from front page)

isted in the CHAMPUS Extra Provider Directory) cannot charge more than CHAMPUS Extra allows (which is generally significantly less than the standard CHAMPUS allowable); under the CHAMPUS Extra program, beneficiaries must still pay the annual standard deductible.

Q. What is the difference between CHAMPUS Extra and the NAVCARE Clinic?

A. CHAMPUS Extra and the NAVCARE Clinic are two completely different programs. It should be noted that the NAVCARE Clinic doesn't have anything to do with standard CHAMPUS or CHAMPUS Extra. The NAVCARE Clinic in Oakland, which started seeing patients July 19, is aimed at alleviating overcrowding in military hospitals and clinics in treatment of routine ailments such as colds, flu, and gynecological problems as well as minor injuries, routine physical examinations and immunizations. The clinic also sees patients needing uncomplicated chronic care such as hypertension stabilization and con-

trolled diabetes. It doesn't cost any money to gain access to the clinic, and patients can walk in without an appointment and will be seen within two hours.

CHAMPUS care claim ok'd

Congress has approved funding for reimbursement of CHAMPUS medical claims for the rest of the fiscal year. The temporary delay in payments was caused by exceeding the amount funded to process the claims. The Navy has already provided the Office of CHAMPUS with sufficient funds to resume claims processing.

People using participating medical providers and hospitals should expect payments normally paid by Office of CHAMPUS to be paid. Any hardship or inconvenience caused by this funding delay should be alleviated shortly.

For more information, see your health benefits advisor at your local medical facility.

EBMUD gives drought warning

Water conservation measures detailed

"Last year was the fourth driest year in the East Bay Municipal Utility District's (EBMUD) history," said the District Board of Directors at EBMUD. "This year could be the second driest. Systemwide, reservoirs are half full and will be one quarter full by summer's end. This is our worst shortage since the 1977 drought. We need your help."

The Board declared a water shortage emergency in March. A conservation rate structure took effect June 1. EBMUD urges you to start saving water now by following these simple techniques:

— Save on landscape watering — Much of the water you use irrigates outside plants. These tips can cut your outside water use in half:

— Water yards and gardens in the cool of the morning or late evening, not during the heat of the day when a good deal of water will evaporate.

— Use 2 or 3 inches of mulch (sawdust, woodchips, CompGro or compost) around the base of plants to reduce evaporation and hold moisture.

— Water your lawn for longer periods twice a week, rather than for short periods every day. This will reduce runoff and cause water to soak in better.

The sooner you start this regimen, the deeper roots will go, causing plants to need less water later on.

More ways to save

— Use a bucket of soapy water to wash your car, and use the hose only for rinsing.

— Never leave a hose or faucet running. A running faucet uses three to five gallons of water per

minute, a garden hose uses 10 gallons per minute.

— Turn off the water while you brush your teeth, shave or wash dishes.

— Use a rake or broom instead of the hose to clean up sidewalks, patios, driveways and gutters.

— Check your home for leaks in fixtures, pipes and toilets and promptly repair any leaks.

Detailed advice on ways to save water is available from EBMUD's

water conservation office. Call 820-2436 for help. Conservation kits containing leak detectors, plastic bags to reduce water use in toilets and detailed water-saving tips are available to all customers. Call the following EBMUD business offices to obtain these materials:

Alamo	3189 Danville Blvd.	820-6600
Oakland	250 17th St.	451-3440
Richmond	1030 Nevin Ave.	232-5051
San Leandro	1595 Washington Ave.	483-3540

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Tracy, CA 95376
(209) 836-4950

Daly City Office
Westlake Shopping Center
Peninsula Union Dental
283 Lake Merced Blvd.
Daly City, CA 94015
(415) 991-0300

Fremont Office
Crossroads Shopping Center
Aspen Dental Care
39411 Fremont Blvd.
Fremont, CA 94538
(415) 770-0393

Martinez Office
Alpine Dental Care
1160 Arnold Dr., Suite G
Martinez, CA 94553
(415) 372-7108



New NAVCARE service big aid for patients

(Continued from front page)

civilian sector," the Admiral continued.

The NAVCARE Clinic, conveniently located adjacent to Interstate 880 in Oakland, is one of several similar projects the Navy has undertaken throughout the country and is designed to provide primary health care services to retired and active duty military personnel and their dependents, at no cost, on a walk in/no appointment basis.

"This NAVCARE Clinic that we are commissioning today is extremely important to all of us that go to sea, to those of us that fly airplanes, and to those of us that prowl the ocean's depths in submarines," said Rear Adm. Toney. "It's tangible recognition or representation of the Naval medical commitment to providing quality health care in Oakland.

"When our sailors are deployed to the Persian Gulf, and of our sailors from the San Francisco Bay/Oakland area are deployed to-

day to the Persian Gulf, or wherever they may be called in the world, they have the assurances that their families are being well taken care of," Rear Adm. Toney went on to say. "They can focus their minds on the matters at hand rather than worrying whether or not their wives, husbands and children can get to see a doctor. The knowledge that the care is here permits them to do their jobs better and improve their readiness so they can respond when called, and that's what our NAVCARE Clinic is all about."

Broader choice

For the families of deployed Navy personnel, the clinic, according to Rear Adm. Toney, represents a broader choice, that is, they can use the clinic or any of the other Navy medical facilities in the area for service. He also emphasized the importance of the clinic to the retired community who often are turned away from military treat-

ment facilities because there's no space available to them. The Bay Area has more than 83,000 dependents and retired military personnel.

The essence of the NAVCARE Clinic, however, is not purely health matters as echoed by Vice Mayor Cannon in her remarks. She said the clinic is truly a partnership with local government, military and private citizens.

Outstretched hand

"I feel very proud, not only for the city of Oakland, but for the outstretched hand of the Navy as you attempt to meet those healthcare needs of those service men and women and their families," said the Vice Mayor. "Being a mother myself, there is nothing more frightening than to worry about the health of a loved one. And the fact that this site is here to serve just those citizens — we feel at ease. We want you to feel at ease. You're part of us and we're part of you and we are very glad that you are here."

Capt. Strom concluded the ceremony and invited everyone to join him in the 46th birthday celebration of Naval Hospital, Oakland.

"We look forward to a close relationship between Oak Knoll and this clinic," the Captain said. "Remember, this is an extension of Oak Knoll and it's indeed a special place."

A reception and walk-through tour for guests followed the ribbon-cutting portion of the ceremony.

Fixed contract

Operated by PHP Healthcare Corporation of Alexandria, Va., under a fixed contract to the Navy, the NAVCARE Clinic is staffed by some 30 to 40 personnel consisting of licensed and credentialed civilian physicians, nurse practitioners, nurses and medical technician support staff. It is for routine ailments such as colds, flu, gynecological problems, minor injuries, routine physical examinations, mammographies and immunizations. Its doors are also open for patients needing uncomplicated chronic care such as stable hypertension and controlled diabetes. Laboratory tests, X-rays and medicines prescribed at the clinic are also available at no cost to the patient.



Vice Admiral James Zimble (center), Surgeon General of the Navy, receives a plaque of appreciation from Charles Robbins (left), President of PHP Healthcare Corporation, the civilian medical group contracted by the Navy to operate the NAVCARE Clinic in Oakland. Looking on (far right) is Aleta Cannon, Vice Mayor of the city of Oakland. (Photo by Airman Debbie Davis)

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Ortho Research Day held

The second annual Orthopedic Resident Research Day sponsored by Naval Hospital, Oakland was held July 15 at the base Officer's Club.

Dr. John Feagin, a retired Army colonel and former commanding officer of West Point Army Hospital, was the guest speaker. An internationally recognized authority in the field of sports medicine, he addressed his constituents on the current concepts in the management of sports related injuries.

All orthopedic residents at Naval Hospital, Oakland presented research papers resulting in over ten presentations. Orthopedic surgeons from around the Bay Area also attended the meeting.

Culminating the day's activities was the presentation of the outstanding research paper, which went to Lieutenant Commander Steven Buckley, a resident orthopedic surgeon at Naval Hospital Oakland. His point paper was focused on the "Proprioception in the ACL Deficient Knee."

The Orthopedic Department at Naval Hospital, Oakland, according to Dr. Buckley, is recognized for its exceptionally productive endeavors in the field of research with numerous papers being presented at national meetings and numerous articles being published in scientific journals annually.



Lieutenant Commander Steven Buckley receives a plaque from Dr. John Feagin for his outstanding research paper. (Photo by AN Debbie Davis)

Senior enlisted get eval ranking

Senior enlisted personnel will now be ranked among their peers to help identify the "best of the best."

Beginning Aug. 1, it will be mandatory to rank personnel in paygrades E-6 through E-8 who are rated in the top 50 percent of "4.0" performance category.

NAVMILPERSCOM Instruction 1616.1A, Change 2, will allow reporting seniors to rank personnel within the same paygrade on the enlisted performance evaluation form (Entry 39). The ranking will indicate the member's relative standing among peers at the same command.



Vice Admiral James Zimble, Surgeon General of the Navy, talks about issues in Navy medicine during his visit to Naval Medical Command, Northwest Region. (Photo by JO1 Dan Guiam)

Surgeon General conducts Admiral's call

by JO1 Dan Guiam

Vice Admiral James Zimble, the Navy's Surgeon General, paid a visit to Naval Hospital, Oakland July 18, following his appearance as a guest speaker for the opening ceremony of the area's new NAVCARE Clinic.

The admiral also took the occasion to talk with the hospital's staff at two separate meetings, one for the medical staff and the other for all hands.

"It's my pleasure to be here and talk with you," said the Admiral in his opening remarks during the all hands meeting in the Clinical Assembly, "and I selected that preposition very carefully. I really want to talk with you, not to talk to you or at you.

"One of the things that has been really lacking in Navy medicine for a long, long time, for whatever reason, has been good, solid, direct, two-way communication. We all know that. We're going to look for ways to streamline communication so that I can hear you even when I'm inside the beltway, and not on the road, until you can hear me."

Admiral Zimble then paused to ask how many in the audience have seen his videotapes. He said he has already produced three and that he'll be doing more in his effort to put the word out on the current state of Navy medicine.

"I want to touch base a little bit more in-depth with each of our many communities," said Admiral Zimble. "I want to deal with some initiatives that I have to rely on you for: retention and caring of personnel is a local issue. It's not something that NMPC (Naval Military Personnel Command) can do.

"An organization of 43,000 strong requires local collegiality and nurturing," the Admiral continued. "Innovation can't start in the E ring (at the Pentagon). Innovation has to start with you. You've got to demonstrate initiative. We have curtailed that. We have made taking an initiative a risk that is too great to face.

"Now I'm trying to turn that off. I've been trying to do that for about a year now. I've been telling the QA (quality assurance) people when I don't want their QAs. I want a QA that supports and helps us do our job. I don't want us afraid to take the high risk patient because the consequences are maybe too austere. I want us to take that case. I want to find new ways to do things when I'm at risk."

Admiral Zimble, however, agreed that it's hard to change things overnight. The word, he said, is how to fall in the chain of command that frees us up, lets us do our thing and gives us a degree of greater flexibility.

"A lot of things that we're not doing in Navy medicine are because we don't have adequate resources," he said. "We all know that. But I'm also amazed at the number of ways we constrain ourselves because we are afraid to take some risk, because we're afraid to allow non-physician providers to provide. I'm saying loud and clear to LOOSEN UP. Don't worry about the risk. You may take some. But the risk can't be fatal. Everybody is entitled to make a mistake. Everybody is entitled to learn from it, mistakes which are made honestly I can support and defend. So, I'm asking you all to look at ways in which you can better manage your time and current resources, and improve areas in which we can do it better."

Admiral Zimble also stressed his concern in improving everyone's career track.

"We are looking for a way we can find to give you more incentives to stay in the service," he said. "We are going to do it two ways. First, by taking away things that are really crummy, and secondly by trying to enhance things to make them a little bit better. We are making progress towards that end and we are going to do more."

After his initial remarks, the Admiral opened the floor for a two-way dialogue.

"I'm rumor control, he said, "so if you guys have any rumors, this is your chance."

Many issues about Navy medicine were brought to his attention, from the status of the Navy's Physician Assistant Program to USNS Mercy's underway schedule. In each of the issues, the Admiral emphasized his concerns and promised that he would do everything to make Navy medicine the best profession for those in the field.

40 years after WWII action at Dachau

GEOCOM staffer's father awarded medal

by JO3 Tammy Begasse

Forty years ago he was one of the 70,000 men who received the order to attack Nuremberg, Germany to help free the prisoners of Dachau, the first concentration camp of the Hitler era.

Recently, he was awarded the Bronze Star Medal by the U.S. Army for meritorious achievement in ground combat against the enemy during World War II in the European-African-Middle Eastern theater of operations.

Army Technician Fourth Grade Anthony "Tony" C. Cardinale Jr., Headquarters Company, 222nd Rainbow Infantry was honored during a special ceremony held at Naval Medical Command, Northwest Region headquarters June 30.

The region's Commander, Rear Admiral David M. Lichtman, and Army Colonels Paul L. Shetler,

Cardinale's stories recalling that moment in time that tested the wills of thousands of soldiers, seemed to be remembered the most. The "scene" that Cardinale vividly described takes you to Dachau, along the railroad siding where box cars hold the remains of dead prisoners. The year is 1945. President Franklin D. Roosevelt has died.

Young Cardinale, a radio operator assigned to the 222nd Rainbow Infantry's Commanding Officer that day, is walking with a fellow GI peering into the box cars filled with mounds of dead bodies.

He and his friends continue walking and all of a sudden they notice "this skinny, feeble hand slowly moving back and forth amidst the bodies," related Cardinale, capturing the attention of all. "It was quite evident that he (the prisoner) heard voices and the poor soul probably used his last ounce of

opposite side was the jeep. The prisoner was still sitting there with a slightly bleeding cut on his forehead.

"I waved to him as he looked at me in wide-eyed bewilderment," recalled Cardinale, never knowing if the man made it alive like his fortunate colonel. He went on to say how he ponders over how fantastic it would be to meet up with that same "bewildered" man again. . .

During the ceremony and the interview that followed, Cardinale reminded those fortunate enough to meet him of the sheer strength and courage of the men that fought for the freedom of millions. Through his subtle gestures and crystal-clear account, the ceremony guests were transformed into that era of despair.

Family roots

The first generation to be born in the U.S., Cardinale's family heritage takes you to Sicily. His mother, Antonia, and father, Antonio, were born in small cities just outside Polarmos, Sicily. In fact, the family-owned business, the Cardinale Meat Market, is still in operation today in the city of Capaci where his father grew up.

Once Cardinale returned from four years combat duty, he followed the family tradition. He managed grocery stores in the San Francisco Bay area until his recent retirement.

He followed his passion for music, studying subjects such as theory, harmony, arranging and vocal teachings, using the GI Bill. However, the native of California opted to stick with grocery stores. "Show business is a tough game to get into," he pointed out with a laugh.

European tour

He said one of the highlights of his life was his visit to Europe in 1985. He spent two weeks touring with a group and then two weeks with his son, Ens. Cardinale III, daughter-in-law, Veree, and grandson, little Anthony C. Cardinale IV, who were in Sigonella, Sicily on a Navy assignment.

Cardinale is one of ten first generation American children in the Cardinale family. Currently living in Pleasant Hill, Calif., he has two more children living in the Bay area. Mark, the oldest, lives in Walnut Creek and Claudia lives in Lodi. As for his son, Ens. Cardinale, he has just been assigned as the Administrative Officer of the Navy Branch Hospital in Sigonella, Sicily.

When asked what his future holds, Cardinale laughed and said, "At my age, I'm just going to enjoy life."

Twelve students of Operating Room Technician School, Class 88010, graduated on July 22 at a ceremony held in front of Naval Hospital, Oakland in conjunction with the hospital's 46th birthday celebration.



From left to right: Rear Adm. David Lichtman, Col. Paul Shetler, Anthony "Tony" C. Cardinale Jr., and Ens. Anthony C. Cardinale III. (Photo by Airman Debbie Davis)

Commanding Officer of Letterman Army Medical Center, and James J. Kent, Chief of the Psychiatry Department at Letterman, made the presentation on behalf of the Secretary of the Army for Cardinale's "assistance in keeping the European enemy forces out of the United States between 1944 and 1946."

During the ceremony, Rear Adm. Lichtman said, "Your dedication to the United States of America, as well as your devotion to duty while serving in Germany during World War II, have distinguished you as a key player in the freedom that we enjoy today. Thank you for being there for all of us."

Quite modest

Cardinale, a very outspoken and jovial individual, was quite modest at receiving the award as his son, Ensign Anthony C. Cardinale III, a Medical Service Corps officer on the Northwest Region headquarters staff, stood by his side proudly.

"I don't feel I did any more than anyone else — I just did my job," the Bronze Star recipient said.

That "job" Cardinale spoke of was immense. He contributed directly to changing the fate of European Jews during World War II.

During the awards presentation and cake-cutting ceremony, one of

Watch softball hazards

AZI injured his neck while sliding head first into third base during an intramural softball game. Sliding head first is a technique relatively few professional ball players have mastered; it should definitely be avoided by amateurs. This person was out on two counts — out at third and out of work for seven days.

strength to attract our attention.

"Hey, Colonel — here's a live one!" cried young Cardinale to Colonel Downard who came running over.

His colonel then jumped into the box car.

Young Cardinale was standing at the opening of the box car and the colonel handed the man down to him. "As I turned away from the box car, the medic took him from me and put him in the jeep."

The prisoner and the colonel departed in the jeep.

"Bewildered" man

Later, young Cardinale and his fellow GIs headed back to the command post only to notice a group of people congregated at an intersection ahead of them. They learned that a collision had occurred that involved an ambulance and the jeep the colonel and the prisoner had left in.

Young Cardinale's colonel was lying on the side of the road. On the

OR TECH SCHOOL Graduates 12

The graduates and their duty stations are:

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HA J. Bond
HA T. Buchan
HM3 J. Cardinal
HA J. Fosse
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HA G. Meyer
HA A. Roberts
HN J. Taveau

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Naval Hospital, San Diego
Naval Hospital, Bremerton, Wash.
Naval Hospital, Jacksonville, Fla.
Naval Hospital, San Diego
Naval Hospital, Charleston, S.C.
Naval Hospital, Long Beach, Calif.
USS Germantown (LSD-42), San Diego
Naval Hospital, Oakland
Naval Hospital, San Diego
Naval Hospital, San Diego
Naval Hospital, Corpus Christi, Texas

The course covered 10 weeks of didactic instruction on aseptic technique and 16 weeks of clinical experience in the different surgical services.

NorSports

INTRAMURAL SOFTBALL STANDINGS AS OF JULY 18, 1988

Team	W	L	PCT
OR	12	1	.923
Misfits	11	1	.917
PT	10	2	.833
GEOCOM	10	3	.769
Snerfs	9	4	.692
Master Batters	7	5	.583
Radiology	6	7	.462
E Club	5	7	.417
PMT School	4	8	.333
Suds Busters	3	10	.231
PEDS/OB	1	11	.083
CPOs	0	13	.000

WEDNESDAY NOONER MIXED BOWLING LEAGUE STANDINGS AS OF JULY 13

Team	Wins	Losses	Pins	HGS
Lab	39	21	19357	501
DRABT	33	27	19813	512
Pin Busters	29	31	19655	538
CPO #1	27	33	21867	584
CPO #2	27	33	19279	504
Silver Bullets	25	35	17927	506

WEDNESDAY NOONER MIXED BOWLING LEAGUE AWARDS BASED ON 21 GAMES BOWLED

High Average:	Male	Female
	Harvey Wehry 175	Sonia Montgomery 123
	Ed Newsome 168	
	Tom Bukszar 164	
High Game Scratch	Harvey Wehry 224	Sonia Montgomery 184
	Tom Bukszar 224	
	Jim Gill 222	
High Game HDCP	Bernie Bernardino 270	Sonia Montgomery 262
	Tom Bukszar 258	
	Joey Medina 255	
	Dave Beck 255	

CNO urges military: 'Get out and vote!'

(Continued from front page)

seen; and we're getting and keeping the highest quality sailors of any Navy in the history of the world. Unfortunately, however, we've become victims of our own success. The Congress, as a whole, is ignoring the impetus for this success: fair and equitable compensation for the tough, highly complex jobs our Navy people do and the tremendous sacrifices the Navy family makes day-in and day-out.

A lot of Navy people out there are dissatisfied. But it's time to go beyond lamenting compensation problems and it's time for you, the ones who elect the people who control your benefits, to start taking some action to protect the gains we've made. In short, it's time to vote with your ballot and not with your feet.

Navy leaders have been fighting hard for fair pay raises, adequate medical programs and other benefits, and we've met with a certain amount of success. But we need

your help.

Every command has a voting assistance representative. You should see that person immediately and you should register and apply for an absentee ballot. If you're married, you should also encourage your spouse to register and vote.

Also, write your congressmen to tell them what you think and ask them about their views. Many congressmen are very receptive to the thoughts of their constituents. But if you don't write to them, they can't hear what you have to say. It's a valid theory that the "squeaky wheel gets the grease." If each Navy member and, if married, their spouse were to write just one letter to their appropriate senators and representative, Capitol Hill would be flooded with 2.7 million letters!

Make your views known, and most of all, exercise your right to choose those who make decisions that affect your lives. Each one of you can make things better.



Captain Raishur Jothi displays the championship plaque he won for placing first in the Senior Division of the recently concluded 1988 Tennis Championships sponsored by the Central Pacific Sports Conference. The Captain, a general and thoracic surgeon with the Surgery Dept. of Naval Hospital, Oakland, successfully defended his crown for the fourth consecutive year. (Photo by AN Debbie Davis)

CPSC swim, dive championships set

The Central Pacific Sports Conference Men's and Women's Swimming and Diving Championships will be held at the Naval Station Treasure Island on Saturday, August 6 at 1 p.m.

Order of events are as follows:

- *400 Meter Freestyle
- *200 Meter Individual Medley
- *100 Meter Butterfly
- *100 Meter Freestyle
- *100 Meter Breaststroke
- *100 Meter Backstroke
- *Diving, one meter (one dive from each of the five groups)
- *200 Meter Freestyle
- *200 Meter Backstroke
- *200 Meter Breaststroke
- * 50 Meter Butterfly
- *400 Meter Freestyle Relay

A command may enter three participants in each event except the relay, which is limited to one entry. A participant may enter any four events plus the relay.

Scoring for individual events and diving will be 7-5-3-1. Scoring for the relay event will be 14-10-6-2.

For more information, contact Ron Brown, Oak Knoll's Athletic Director, at 633-6014.

Wisdom teeth not wise



by Commander Michael P. Mullen, D.C.
Dental Dept., Naval Hospital, Oakland

Your wisdom teeth—or third molars—are the last teeth to emerge from your gums during your late teens, or "age of wisdom," which gives them their name.

But wisdom teeth aren't really so wise. They often become **impacted**, or trapped, in the jaw bone and gums and fail to erupt, or emerge, as straight and fully functional teeth. This is usually because there is not enough room in the jaw, and the tooth remains partially or completely imbedded. Impacted wisdom teeth almost always should be removed, a procedure commonly performed by an **oral and maxillofacial surgeon**.

Why remove Wisdom Teeth?

Wisdom teeth that aren't painful seem harmless enough. If, however, they aren't removed early, they can cause some significant problems. Some of the more common of these problems include pain, infection, destruction of the adjacent tooth, cyst formation, and crowding. It is generally accepted that the optimum time for their removal is between the ages of 12 to 24 years.

Before you reach adulthood, the roots of developing third molars are not fully formed and the surrounding bone is less dense, which generally makes their removal easier. As you get older, the procedure itself may be more difficult as risks and possible complications may become greater and post-op healing slower. In addition, if you wait until your wisdom teeth cause you trouble, you may have to also be treated for complications, such as infection, before they can be removed.

In short, **early removal of wisdom teeth is likely to prevent problems later on.**

Should you presently be experiencing symptoms of pain and/or inflammation in the back of your mouth, or simply desire a consultation concerning the status of your wisdom teeth, we encourage you to contact your local dental clinic for referral to an oral and maxillofacial surgeon. In the event removal is indicated, he can fully explain the nature of the procedure, anesthesia options, and answer all your questions.

The approximate number of military retirees who receive retirement pay?
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- * Tacos (Build Your Own)
- * Arroz a la Mexicana (Mexican Rice)
- * Frijoles Refritos (Refried Beans)
- * Calbacitas a la Mexicana (Mexican Succotash)
- * Ensalada Leopoldina (Spinach & Mushroom Salad)
- * Tortillas
- * Guacamole
- * Assorted Desserts

Beverages

- Cafe' de Olla (Mexican Coffee) \$1.50
- Sangria (Wine Cooler) \$1.50
- Marguertia Glass...\$1.50
- Pitcher...\$6.00
- Speedy Gonzales (7-Up, Grenadine, Cherry) \$.75



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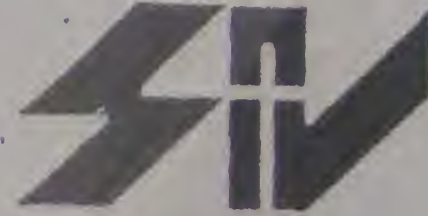
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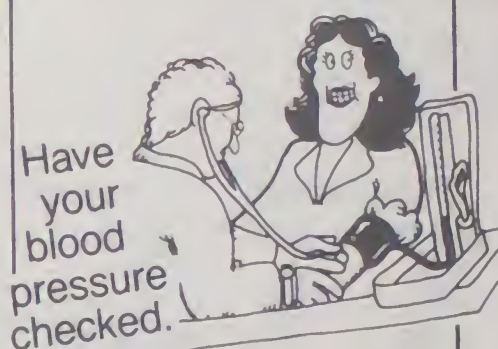
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Good Morning

If you don't believe money grows on trees, try buying some lumber.

NORWESTER

The Voice of the Naval Medical Command, Northwest Region

Capt. Jackson takes helm

NAVHOSP Oak Harbor gets new CO



Captain Frederic L. Jackson assumed command of the Naval Hospital, Oak Harbor at a recent change of command. He relieved Captain William McDaniel, who will soon take the helm of the Naval Hospital, Charleston, S.C., as its new "skipper."

On hand for the outdoor change of command ceremony were Rear Admiral David Lichtman, Commander, Naval Medical Command, Northwest Region, Oak Harbor Mayor Al Koetje, Naval Air Station Whidbey Island squadron commanders and other dignitaries. Clear skies and the traditional bagpipe music of the Vancouver Police Pipe Band of British Columbia, Canada, punctuated the occasion.

"Captain Jackson comes to this command from Naval Hospital, Corpus Christi, Texas where he was both Executive Officer and most recently, the Medical Director," said Rear Adm. Lichtman. "As a naval aviator and flight surgeon, Captain Jackson will readily comprehend the mission of this air station and the requirements of its staff. There are challenges and opportunities here that require strong leadership and Captain Jackson is the right man to step in and meet those challenges."

Early departure

The Admiral went on to explain to the audience the reason for Capt. McDaniel's early departure. The Captain's experiences and special qualifications, he said, are required to test a pilot program at Naval Hospital, Charleston.

"The new program, a demonstration project for resource management, could have significant advantages for our health care beneficiaries," the Admiral pointed out. "Its success could also provide better use of CHAMPUS dollars and resources at the local medical treatment facility level. The eyes of the Department of Defense, Congress and the entire Navy Medical Department will be on him and Charleston Naval Hospital."

Naval aviator

Capt. Jackson's naval career began in 1963 when he was commissioned as an ensign. He later served as Combat Information Officer aboard USS Shangri La (CV-38). He was designated a naval aviator in 1966 and subsequently assigned to Patrol Squadron 44, Patuxent River, Md., where he was designated a Patrol Plane Commander and Quality Assurance Test Pilot.

After accepting a Navy scholarship to medical school, he graduated from the Kirksville College of Osteopathic Medicine in 1974 with a degree in osteopathy. Capt. Jackson later completed a residency in family practice and was also designated a naval flight surgeon.

Capt. Jackson is a Fellow of the American Academy of Family Physicians. He also holds a Master of Public Health degree and is board certified in Family Practice and Aerospace Medicine. He wears the Navy Commendation Medal, National Defense Medal, Overseas Service Ribbon, and Expert Pistol and Rifle Medals.

"I am delighted to be here in this gorgeous place," said Capt. Jackson. "This has been a career-long dream, to come to Oak Harbor. The Navy has sent me to a hospital which I feel qualified to command. As an aviator, flight surgeon and family practitioner, I have all the bases covered. What is important to me is support to the operational force and providing as much quality care as we can to our patients."

"When I was called to come here," Capt. Jackson continued, "I was coincidentally in Washington, D.C., assisting on a 'Blue Ribbon Panel' to 'fix' Navy medicine. I am convinced that in the next six months we will see a number of things happen that will increase not only the quality and quantity of care that we can provide — but also the satisfaction that can be expected by our own staff. If the window were ever open for constructive changes in the Navy Medical Department, this is the time."

NAVMEDCOM CMC visits Oak Knoll

Griffith unveils changes in HM rating

by Airman Debbie Davis

New and future changes in the hospital corpsman rating were the "talking points" Force Master Chief of the Naval Medical Command, HMCM William Griffith, addressed during a recent meeting with the enlisted community at Naval Hospital, Oakland.

The top enlisted person in the Navy's medical community visited the hospital as part of his itinerary in conjunction with the opening of the Bay Area NAVCARE clinic in Oakland.

Master Chief Griffith zeroed in on the importance of having hospital corpsman "A" school students go directly to "C" schools.

"It's very important to keep the corpsman rating up to strength in the technical skills to help trained physicians and other enlisted healthcare providers," HMCM Griffith said.

Throughout his discussion, Master Chief Griffith supported his presentation with graphs and charts illustrating the changing needs of the corpsman rating to meet the ever increasing demands of today's Navy.

One of the more interesting statistics he showed was the unnecessary spending of money by the government when classes convene and there are empty seats.

"It's cheaper for 'A' school students to go straight to 'C' schools before sending them to their duty stations," he said. "It makes for command stability."

Since taking over his current post, the Master Chief said he's been coordinating efforts between



HMCM Griffith

NMPC (Naval Military Personnel Command) and "C" school commands to get more instructor billets opened up so that more students can get into school. He's also been trying to open up other "C" schools and training classes to keep the manning level up.

The Master Chief also an-

nounced the length of the hospital corpsman "A" school will be increased to 14 weeks starting October 1989, while the Health Resource Management course for chief petty officers will be shortened by a week, but with an additional class. Another change that's still under study, he said, is the possibility of changing the basic ASVAB scores for HM "A" school so they will coincide more closely with the scores needed to enter HM "C" schools.

"A panel is studying the possibility of allowing personnel to retake their ASVAB test more than once to qualify for a school," said Master Chief Griffith, "and retaking it without permission and taking it the third time with permission from NMPC." The current NMPC policy allows personnel to take the ASVAB test only once with permission.

Other issues in the discussion included upgrading of existing medical programs and the creation of more programs to enhance the career of enlisted personnel, such as nursing care technician, paramedic program, Medical Enlisted Commissioning Program and the Community College of Naval Health Sciences, to name a few.

The nursing care technician program, which is still in the process

Continued on page 5

10 million medical records found

Some 10 million partial medical treatment records that duplicate some of the 18 million lost in a 1973 fire at the National Personnel Records Center in St. Louis have been discovered by the National Archives and Records Administration.

Archives officials told the Veterans Administration about the discovery in mid-June. VA officials are now reviewing disability claims for thousands of World War II and Korean War disabled veterans and survivors who question the amount of their disability compensation or whose claims were rejected because their military medical records were lost in the fire.

"According to DoD figures, there were 6.8 million participants during the Korean era," said Chuck Lucas, public affairs officer for the VA benefits office. "We got about 5 million veterans out there from that period—1950 to 1955. But we only know about those people who have applied for VA benefits. We're currently showing 306,587 Korean conflict veterans on our compensation and pension roles. Once you get beyond that, it is speculation, but there are a lot of those veterans in DoD's civilian workforce."

The VA is working with DoD, the National Records Center and

the National Archives in providing information to veterans and their survivors. However, the VA determines eligibility for benefits.

The discovered data is on 91

computer tapes that were created by the National Research Council from admission punch cards prepared by the surgeon from 1942 to

Continued on page 8

Who says
Oak Knollers
don't know
how to party?

See page 8

A hula dancer "gets down" to everyone's approval. (Photo by JO1 Dan Guiam)



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Up Close

HM3 Veronica Maff



Date joined the Navy: Dec. 27, 1984

Command: Naval Medical Command, Northwest Region

Workcenter: Manpower

Job description: I coordinate monthly reports, analyze and attempt to connect staffing and billet problems within the Northwest Region.

Hometown: Clarksville, Arkansas — close to Little Rock, which is the state's capital.

Hobbies: Chess, reading the classics, dyeing my hair (ha, ha, ha)

Motto: Love yourself first and others will do the same.

Likes: Working out, clothes, parties and Woody Allen films.

Dislikes: Animals, aggressive people, and bad attitudes.

Role model/heroes: Barbra Streisand — she got to the top by using her talent and brains. That's the only real way to do it.

If I could do it over again, I'd: be more dedicated to my patients when I work on the wards.

I wish I could stop: prejudice because the seed of prejudice is ignorance.

I respect myself for: always being a kind person, never intentionally hurting anyone.

My immediate goal is: work a whole day on the computer without thoughts of tossing it out the window.

the Chaplain's Corner

by Commander Gregory Pokladowski, CHC

Being "caught between a rock and a hard place" is a familiar phrase which many of us easily, and sometimes often, can relate to. We feel pulled, or between, two opposing forces and there's no way pressed out. These forces can be in our work places, our home situations, or our personal relationships. When we feel this way, we often experience frustrations. Tension through whatever means are available and appropriate, and will lessen or eliminate the negative physical/emotional effects of stress.

In some philosophical thought, it has been said that we exist in two worlds, material and spiritual, or body and soul, two opposing forces which catch us in the middle when they collide. Our spiritual side can be represented in our yearning for perfection, for what should be. Our material side, life as we experience it through our five senses, is limited, bounded and imperfect.

In our society we look to our children, wanting them to grow, to learn, to enjoy, to reach adulthood and enjoy life as we ourselves are enjoying it. Thus, the death of a child tears into us. The thought is that children bury parents, parents shouldn't bury their children. A flaw in some order, with painful effects. We are caught between the rock of desire, for what should be; and the hard place of bodily imperfection or the imperfection of chain of events over which we have little or no control. In such situations the frustration, the tension and the stress are acute.

Deeply within us we cry out the question, Why? This question is genuine, real and completely natural, for we do not understand. If we accept the promise that our material side cannot offer the perfection we yearn for, then our quest for an answer should be directed toward the spiritual side. As with the resolution of day-to-day situations of being caught in the middle where such resolutions are particular to the specific situation, so then the spiritual answers leading to a possible faith experience should be appropriate to the individual seeking understanding. It is believed that such understanding can bring resolution and thus comfort and solace.

E-6's and below, ashore and afloat

UIM now authorized for all

Personnel below the rate of Chief Petty Officer (CPO), who are assigned to a command for permanent duty, will now wear the traditional Navy Unit Identification Mark (UIM) on their uniform regardless of the type of duty they are assigned.

The UIM is a long-standing naval tradition that stems from the former men's blue enlisted sailor cap that was discontinued in 1962. In 1885, the sailor's cap, which was known as the "flat hat," included a silk ribbon with the ship's name on it. Around 1940 the ship's name was replaced by "U.S. Navy." In 1956, marks were established for all ships, then in 1959 for aircraft and afloat staffs. The UIM disappeared in 1975 with the introduction of the officer and

CPO coat style uniform for all male enlisted personnel, but was reinstated with the return of the service dress jumper uniform for male, and later women, E-6's and below.

BUPERS Notice 1020 dated June 13, 1988, has extended the authority to wear the UIM to all Navy units. Previously, only sailors assigned PCS (Permanent Change of Station) to operational, specified and unified commands were authorized to wear the UIM. Men wear the UIM on the service dress jumper (blue and white), the winter blue shirt and summer white shirt. Women wear the UIM on winter blue and short sleeve white shirts only. The UIM is not to be worn on the long sleeve dress shirt.

Organizations are authorized to purchase UIMs from operating and maintenance funds. A minimum of seven UIMs should be issued to every E-1 to E-6 at a cost, however, the individual responsible for having the UIM sewn on to the uniform.

The Chief of Naval Operations approved the UIM authorization change based upon a recommendation by the Navy Uniform Board which had originally been submitted by Naval Air Station Lemoore, Calif., under its modernization program initiative. The change marks the first time in Navy history that the UIM will be worn by sailors assigned to operational commands and shore establishments.

Adoption benefits offered to mil. families

Free military medical care for childbirth has long been a major benefit for service couples. Now, a two-year test program will enable military families to be reimbursed for the expenses associated with adoption. The Coast Guard is also included in the test program.

Congress authorized the program in the 1988 Defense Authorization Act. With the exception of the adoption of stepchildren, the program will cover most adoptions of children up to the age of 18 by married couples or single parents.

It will cover adoptions initiated between Oct. 1, 1987 and Sept. 30, 1989. For eligibility considerations, the date of the initial home study report or the date of placement of child, whichever falls into the time period, will be considered the "initiation" date. However, members may not apply for reimbursement until after the adoption becomes final, usually six months to one year after the child is placed.

The program also covers adoptions of children from countries other than the United States and adoptions of children with special needs.

The program will pay for most expenses up to \$2,000 per child and not more than \$5,000 per member in a single year. Therefore, it is important to keep good records of all expenditures. Medical costs for the youngster or biological mother are covered, as are legal fees, agency fees and most travel costs.

Congress authorized the services

to spend up to \$2.8 million this year on the program—covering about 1,400 adoptions at \$2,000 per child. Since it appropriated no money for the program, funds will

have to come out of existing personnel budgets.

The services are expected to issue regulations for implementing the program early this fall.

Congressional effort underway for annual family recognition day

Congressional action is underway to designate November 21 as National Military Families Recognition Day.

Joint Resolution 543 was introduced in April by Congressman Mike Espy of Mississippi and 96 members of the House of Representatives. A total of 218 sponsors are needed for the resolution to pass the House.

Among the points noted in the Joint Resolution are aspects related to the challenges of military life. The proposed resolution notes that "the emotional and mental readiness of the United States military personnel around the world is due to the well-being and satisfaction of their families." It also reflects the importance of quality of life and the retention of military personnel.

Uniform matters clarified

All Navy activities and personnel are reminded that requests for Navy awards, decorations, lapel buttons, medals, service ribbons and appurtenances must be ordered with a funded Milstrip Requisition Form (no. 1348M) submitted to Defense Support Personnel Center (DPSC) using the S9T-routing identifier.

Letters of request and non-national stock number (NSN) requisitions will not be processed.

NSN's can be obtained from NAVRESSO (Naval Resale and Services Support Office) Instruction 10120.3 dated August 30, 1982.

Naval activities and personnel wishing to obtain foreign decora-

tions and awards should consult paragraph 722 of SECNAVINST 1650.1E, which states that the issue of such awards are the responsibility of the presenting nation. Authorized recipients may purchase foreign awards from commercial sources.

On the road again?

On the road again? Make military lodging your home away from home and save a lot of money in the process. Military Living Publications has just published a new edition of its all-time favorite guidebook to more than 400 military hotel-type lodging facilities around the world. Look for TEMPORARY MILITARY LODGING AROUND THE WORLD at your exchange, the book may be ordered by mail for \$11.95 from Military Living Publications, P.O. Box 2347 Falls Church, VA 22042. Add \$3 for first class postage.



Lt. Cmdr. Karl gets promoted

Lieutenant Commander Robert L. Karl (center), MC, beams with pride after being frocked to his current rank by Captain Roland McKee (right), Commanding Officer, Naval Medical Clinics Command, San Francisco, and Lieutenant Commander S.M. Astrachan, Officer in Charge, Branch Medical Clinic, Alameda. Lt. Cmdr. Karl is assigned to the branch clinic in Alameda where he serves as a General Medical Officer, Assistant Senior Medical Officer, Medical Advisor to Military Sick Call and Physical Fitness Coordinator.

NORWESTER

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Navy News Briefs

Irish stowaway found aboard destroyer

A stowaway was discovered July 22 aboard USS Conyham (DDG-17) while the ship was returning to her home port in Norfolk, Va.

The stowaway, a 16-year-old female Irish national, was turned over to the custody of the Naval Investigative Service upon the ship's arrival and taken to Portsmouth Naval Hospital for a medical eval-

uation. The ship had been conducting a North Atlantic training cruise and had last visited Cobh, Ireland, before returning to Norfolk.

An initial investigation determined that no security areas on board were violated and shipboard visitor security procedures were followed; however, an involved

crewman had falsely reported the girl as leaving the ship and logged her ashore.

In cooperation with the Irish government, the girl was returned to Ireland. Five crewmen have been placed in pre-trial confinement pending completion of a full investigation into the incident.

1987 Drug and Alcohol Counselors named

Senior Chief Cryptologic Technician James E. Horn is the 1987 Level II (Counseling and Assistance Center) Navy Drug and Alcohol Counselor of the Year and Yeoman

CNO stands by Vincennes skipper

Chief of Naval Operations Admiral Carlisle A.H. Trost said that he supported the decisions made by the USS Vincennes (CG-49) commanding officer.

"Our sailors come first," said Adm. Trost. "Captain Rogers' first requirement was to protect his ship and crew. He did that, and was right. Any of our commanders in the Persian Gulf or elsewhere who face such a situation and arrive at such a conclusion will have my fullest support."

Ex-Navy PH2 defects to USSR

A former Navy petty officer has shown up in Moscow and was granted political asylum there July 18.

Glenn Michael Souther disappeared in May 1986, shortly after being questioned by the FBI as part of an espionage investigation. Souther was a photographer's mate on active duty from 1976 to 1982. He then served in the reserves until his disappearance in 1986.

2nd Class Julie M. Thorsten is the 1987 Level III (Residential Rehabilitation Program) Navy Drug and Alcohol Counselor of the Year.

Senior Chief Horne is stationed at the Counseling and Assistance Center, Naval District Washington. Thorsten is stationed at Naval Hospital, Rota, Spain in the Alcohol and Rehabilitation Department.

The Navy Drug and Alcohol Counselor of the Year Program

Adm. Hays is Navy's 'Gray Eagle'

Lieutenant General Frank E. Petersen passed the "stick" as the senior Navy flier to Admiral Ronald J. Hays in a ceremony in Washington, D.C., June 15.

The title of Gray Eagle is given to the longest-serving active duty naval aviator.

Petersen earned his wings in Oct. 1952. He also held the distinction as the Silver Hawk, the senior Marine

Corps aviator, and was the senior Department of Defense aviator

Do you know . . .

The three states in the United States in which the greatest number of DoD personnel, military and civilian, are present?

California (344,000)

Virginia (204,000)

Texas (199,000)

because his date of designation preceded all others in the four services.

Hays is the 37th aviator to hold the title.

Petersen, who currently serves as commanding general, Marine Corps Combat Development Command, is scheduled to retire Aug. 1.

Adm. Hays, who earned his wings in Nov. 1952, is Commander in Chief, U.S. Pacific Command.

The air intercept code meaning, "I am, or contacted designated is, over water?"

feet wet

Have you heard about dental implants?



by Lieutenant Commander R. E. Meyers, DC

Naval Hospital, Oakland

Dental implants are the replacement of missing teeth with a prosthesis that is attached to the bone of the jaws. The dental implant is placed in the upper or lower jaw and can replace from one to all of the missing teeth.

The placement is a simple surgical procedure that screws the implant in the bone, then the implant must remain covered by the gum from 3-12 months depending on the location in the jaws. After the implant becomes integrated (fixed) to the bone, the gum is again opened and an abutment is screwed into the implant. This portion of the system allows the prosthetic teeth to be attached.

Although many people have missing teeth that are lost due to decay, periodontal disease or trauma, not everyone is a candidate to have implants placed in their jaw. The quality and quantity of the bone is the determining factor for who can have dental implants. Since the bone is different in different parts of the mouth the implants must be placed in strategic areas to insure success.

Other factors that must be considered are which teeth are to be replaced, how close together are the adjacent teeth, and whether a removable or fixed prosthesis is to be used.

With the successful diagnosis and placement of dental implants it is possible for people that have missing teeth to be restored to better function and appearance.

Happy 41st birthday MSC!

Vice Admiral James A. Zimble, MC

As the 41st anniversary of the Medical Service Corps draws near, I wish to extend my warmest thoughts and wishes. Twenty-four hundred and sixty strong, the Medical Service Corps has shown endless enthusiasm in performing a myriad of missions from the largest of our teaching hospitals to the most remote outposts of Navy medicine. The Medical Service Corps epitomizes the hallmark of Navy medicine — Charlie Golf One — standing by to assist. You have my full faith and confidence that the future history of the Medical Service Corps will be highly distinguished.

Be wary of mail order clubs

We've all seen the advertisements: Get nine records or tapes of your choice for only \$1. It sounds like a quick and inexpensive way to shop for holiday gifts or to build your own music library. But unless you're careful, these clubs' subsequent offers can cost you upwards of \$100 a year.

That's because most music clubs use what's called a "negative option plan." You are sent a notice of the club's featured selection for the coming month. Then, unless you notify the club in writing that you do not want the record, you will automatically receive it and be billed for it.

Negative option means that you can choose to say no, but you must do so within the time the club specifies, usually 10 days to two weeks. If you forget to send the card back before the deadline, you are obligated to pay for the record or tape that is sent.

Record clubs will probably have the most appeal for people who don't live near good discount record stores. The total price of the club's records or tapes — including postage and handling — is often higher. If you're thinking about joining a record club, consider the following:

—How many records and tapes do you want? Compare costs at area stores. If you want only a few albums, it may not be worth the hassle and extra cost of a long-term agreement.

—Think about all your costs and obligations. Will you always remember to return the card when you don't want a selection? How much will postage and handling charges add to the price of the records or tapes?

—Does the club offer the types of music you enjoy? If today's "Top 40" isn't your style, you may find choices limited.

—Find out the club's policy regarding return of defective records and tapes.

—Read the fine print. Know what you're agreeing to.

—Remember You are not obligated to pay for anything you didn't order. However, under a negative option plan, failing to send in the reply card is the same as ordering the selection of the month. If you do receive a record or tape that you didn't order, write REFUSED on the unopened package and put it in the mail.

Book clubs operate in much the same way as record and tape clubs. And consumers should be just as cautious about joining a book club that requires several purchases over a given period of time.

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CONSUMER DENTAL OFFICES

Four top CPOs retiring

GEOCOM Losing 120 years of service

When Master Chief Hospital Corpsman William O'Daniel turns over the duties of Command Master Chief to HMCM Michael Stewart on Aug. 19, Naval Medical Command, Northwest Region will lose another 30 years of valued service from within its chief petty officer ranks.

HMCM O'Daniel's retirement marks the retirement of the fourth GeoCom chief petty officer within the past month, representing a total of 120 years of outstanding Navy service.

The other retiring chief petty officers are: HMCM Robert Bowman, HMCS Roy Brooks and EMC Charles Cordima. Master Chief Bowman served as Executive Assistant to the Assistant Chief of Staff for Logistics. Senior Chief

Brooks was headquarters staff Administrative Officer. Chief Electrician's Mate Cordima was the staff Communications Chief. All are veterans of the Vietnam conflict.

Master Chief Bowman said his most challenging, yet most enjoyable assignment was at Headquarters, U.S. Marine Corps, Washington, D.C. "It was a job with enormous responsibilities; I managed the medical/dental allowances that determined the requirements to support the Marines during combat, and I was in a position in which my counterparts were Navy captains and Army and Air Force colonels," Bowman explained.

Senior Chief Brooks said performing his corpsman duties at sea



Chief Cordima with wife, Rose, receive honors from CPO side-buoys.



Naval Medical Command, Northwest Region Command Master Chief William O'Daniel (right) presents Hospital Corpsman Master Chief Robert Bowman Letter of Appreciation from Master Chief William Griffith, Force Master Chief for the Navy Medical Command.



Senior Chief Brooks with wife, LaDonna, congratulated by Captain Paul Barry.

Photos by AN Debbie Davis

was the most challenging aspect of his career. "The 'complete' shipboard corpsman on duty alone would see the patient, perform the necessary lab tests, make a diagnosis, write out the prescription and then go to the pharmacy to fill it," Brooks commented. "Of course, this is done within the limitation of the corpsman's ability, but it's the ultimate high in our profession."

"I particularly enjoyed instructor duty at Hospital Corps School in Great Lakes, Illinois," HMCS Brooks added. "It was very challenging and rewarding to train young sailors to become hospital corpsmen realizing that they represented the future of our profession."

Chief Cordima spent 16 of his

30 years at sea.

"The duty I recall most vividly is the first three years of my career," said Chief Cordima. "I went TAD to the South Pole from the icebreaker USS Clacier each year. I was TAD to the 1959-60 South Pole Summer Support Team and we had to evacuate the people and equipment from the Little America Five station. The ice was moving there at a rate of one foot a day. I had to crawl through small tunnels in the ice to pull out equipment. It was something to see the power of that ice—5-gallon metal drums

filled with fuel were compressed to one-third the normal sizes."

The retiring chiefs were nearly unanimous in their advice to young Navy people just starting their careers. "Maintain a positive attitude, do your best, enjoy what you are doing and keep the Navy tradition of pride and professionalism utmost in your mind as you perform your job."

Sobering Facts

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Volleyball champions

Lieutenant Mike Cook (left) receives the team volleyball championship award from Captain William McDaniel, former commanding officer of Naval Hospital, Oak Harbor. The hospital's volleyball team captured the NAS Whitbey Island 1988 Championship and post-season tournament with an 8-1 winning record. The team was undefeated in the post-season tournament and this was the hospital's first volleyball championship since 1979. Members of the team besides Lt. Cook included Lieutenant Commander Gary Gantz, HM1 Michael Craddock, HM2 Lou Baer, HN David Ripa, HA Kip Poggemeyer and player/coach HM1 Hugh Buehler. (Photo by Lt. Lee Cornforth)

Griffith unveils changes in HM rating

Continued from front page

of being worked on, said Master Chief Griffith, is geared to fill the gap where nurses are needed. He hopes to see this turn into an NEC and be called a ward corpsman. Under the proposed job specialization, the corpsman would start out at the E-4 entry level. The E-6 personnel would be designated as ward manager or supervisor and would therefore get the leadership and management skills they need to make chief, he said.

Another new program the Master Chief announced is the establishment of a paramedic program. In fact, it was already in the offing with Naval Reserves. He hopes to see it established in the regular Navy around 1990.

Besides emphasizing the need for technical training, Master Chief

Griffith also wants to see sailors complete their civilian education. He foresees a community college, much like what the Air Force implemented, to be started by the Navy soon. He encourages enlisted personnel who want to take the officer's path to check openings in the Medical Enlisted Commissioning Program.

Finally, Master Chief Griffith reminded everyone that he writes a monthly "Force report" containing detailed topics and issues of importance to the enlisted community.

"Communication is the name of the game and I need to know your problems so I can make things happen," said the Master Chief, explaining the importance of two-way communication.

A Great America experience

Oak Knoll command picnic set

Take a break and enjoy summer! Experience the fun, thrill and excitement of Great America, one of the country's most-loved theme parks — and at a bargain basement price in conjunction with Oak Knoll command's picnic on Saturday, September 24.

Tickets cost \$6 for adults (save \$18) and \$3 for children between the ages of 3 and 6 (save \$10.50). The price includes park admission, rides, lunch (steak sandwiches for adults and hamburgers for children), and beverage service.

Tickets can be purchased at the Special Services Tickets/Tours Office, Bldg. 38, second floor (directly above the Navy Exchange). For additional information, contact Petty Officer B.J. Tarker at ext. 6016.

Reel business

"The Rescue"

The Rescue, a new adventure film (PG) currently shown at a theater near you, resolves around five "Navy brats" who decided to do the rescue themselves after the U.S. government abandoned its rescue mission. The movie's exciting young cast includes (left to right): Ian Giatti, Marc Price ("Family Ties"), Ned Vaughn and Christina Harnos. It topbills Kevin Dillon ("Platoon"), the leader of the group, who vows to go where the government won't.



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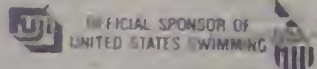
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Student aide represents Oakland in national confab

Story and photo by
Airman Debbie Davis

At 17, Earline G. Drapeau, like many of her contemporaries, is full of dreams and aspirations. The full-blooded American Indian who works as a student aide in the Transportation Office, Naval Medical Command, Northwest Region, keeps her pace in high gear, always charging everyday to be the best she can be.

And her "can do" effort has paid off. Recently Earline was selected to represent Oakland at an American Indian Student's conference held in Washington, D.C. She was singled out from among many promising Indian high school students in the Bay Area.

Smart people

"I felt really good representing Oakland because a lot of people are always putting down our city," said Earline, who recently graduated from Fremont High School, where she was the president of the Indian social group. "There are some really smart people here who don't get recognition as much as the bad things that happen in Oakland do."

The conference focused on many important issues affecting the American Indian students from ages 16 to 21, such as drug and alcohol abuse, understanding more about their culture and a host of other related topics. It also emphasized the importance of expanding their education by encouraging them to finish high school and go on to college.

Busy days

Earline spent five busy days in the nation's capital attending various seminars and meeting her counterparts from all over the country. The students heard inspiring speeches from state governors, representatives of the Interior Department and other federal establishments, and, of course, from their fellow Indians who are recognized for their significant achievements.

According to Earline, she left the conference very inspired and more than proud of her heritage. She hopes that someday Indian cultural studies will be a part of the



Earline G. Drapeau

curriculum in the Oakland public school system like other ethnic subjects.

"I don't really think about racial equality," she said. "About the only thing that upsets me is that all the time I attended Oakland public schools, teachers never taught or really talked about American Indian history, but they always taught us about other cultural histories. I thought that was kinda racial. I believe others should also learn about our history just as we have learned about theirs."

High visibility career

For now, Earline keeps busy at the Transportation Office filling out the dispatch log and assisting in the administrative routine. And whatever she does, she gives her best as one of her co-workers said concerning her fine performance on the job.

Earline's future goals include taking courses for law school and working in a television news studio.

"I've always wanted to go into a high visibility career because I realized that there's not many Indians in a good or great profession," she said. "I would like to change that."

"I hope to be a good role model for my younger brother and sisters, other family members and for other Indians."

NAVHOSP Bremerton's 'Pap-A-Thon' a success

Displaying teamwork and the "one Navy" concept, Naval Reserve medical personnel joined staff members of Naval Hospital, Bremerton, Wash. on a recent Saturday for a "Pap-a-thon" (Pap smear clinic) for more than 180 patients.

Some 30 female and male Naval Reserve physicians, Medical Service Corps officers, nurse practitioners,

nurses, hospital corpsmen and personnel in support ratings joined forces with their active duty counterparts for the Pap-a-thon. The Reservists came from as far away as Bend, Ore., and Spokane, Wash., some on no-cost orders, for the special assignment.

The Naval Hospital, Bremerton Command Recreation Committee

hosted the reservists for an informal meal at the Puget Sound Naval Shipyard CPO Club following the Pap-a-thon.

Captain Jack Bartlett, Commanding Officer of Naval Hospital, offered a special "thanks" to both the active duty and reserve personnel for volunteering their weekend time to support the Pap-a-thon.

Exposure to radon can cause lung cancer

Radon is a radioactive gas that comes from the natural breakdown of uranium in the soil. It is invisible and odorless. Research has shown that the greater your exposure to radon, the greater your risk of developing lung cancer.

According to the Environmental Protection Agency, radon contributes to lung cancer when particles become trapped in the lungs. The particles break down there, releasing small bursts of energy that can damage lung tissue, increasing cancer risk.

In outdoor air, radon is diluted to such low concentrations that it poses no major health problems. However, once the gas seeps into homes through cracks in basements and foundations, it can accumulate to levels potentially hazardous to health. Radon can also come into the home through the water supply. This is a more frequent problem in homes using well water; water in large community systems has been exposed to the air, giving the radon a chance to escape.

The indoor level of radon depends on geological factors, such as the soil's concentration of radon

and its permeability, and construction factors, such as the condition of the foundation and the building's airtightness. Because of the number of factors involved, one neighbor's home may have high levels of radon while the other has low.

The risk of developing lung cancer from exposure to radon depends on the concentration of radon and the length of exposure. Long-term exposure to a slightly elevated radon level may present a greater risk of lung cancer than short-term exposure to high levels. When considering length of exposure, it is important to consider both the number of hours per day the room is occupied and the number of years it is occupied.

In general, the basement and ground levels of a building contain higher levels of radon than upper stories; highly insulated buildings contain more radon than leaky buildings; and clay soil is a more effective barrier against radon than sandy soil. Thus, a person who spends 12 hours a day in a well-insulated basement room in a geo-

graphic region with a high level of radon in the soil is exposed to much more radon than someone in the same area who works on the third floor of an office building and sleeps in a second-floor bedroom.

Individual factors also have a bearing on how radon affects health. For example, because having one cancer risk factor increases the danger from having another, radon in the home affects smokers more. Scientists also suspect that children, whose lungs are smaller and are still developing, may be more susceptible to radon damage than adults.

Estimates are that radon gas causes from 5,000 to 20,000 lung cancer fatalities per year, a small percentage of the yearly number of lung cancer deaths—130,000 in 1986. Even so, the military services, out of concern for the health of members and their families, are testing military housing, childcare centers and other buildings for elevated radon levels. They will treat those with high levels to eliminate the dangers, with the worst getting highest priority. ■

Veterans burial benefits outlined

Death can be very trying and expensive for a family. When a veteran dies, the Veterans Administration provides some benefits that may make it easier—at least financially—on the survivors.

Here are the Veterans Administration burial benefits:

- An allowance of \$300 for a basic plot or interment. If a veteran is buried in a private cemetery, up to \$150 may be added to this amount. If the veteran's death is service-related, the VA can pay up to \$1,100 toward burial.

- Interment in national cemeteries. VA national cemeteries are located throughout the United States. Burial is also available for the veteran's spouse, unmarried widow/widower, minor children and, under certain conditions, unmarried adult children.

- Headstones or grave markers. The markers are available for both private and national cemeteries. The family must pay the cost of placing the gravestone in a private cemetery. If the family wants a non-government grave marker, the VA will pay the family what a gravestone would have cost (currently \$78).

- Memorial markers for those veterans whose remains have not been recovered, were buried at sea or were cremated and the ashes scattered without interment.

- Presidential memorial certificates for the next of kin.

- Burial flags. The VA issued more than 350,000 American flags for burial or memorial purposes in 1987. In fact, those flags were recently put to further use. Many cemeteries and other VA facilities have set up The Avenue of Flags program.

The families and friends of deceased veterans donate the burial flags, which are placed on staffs evenly spaced along roads and walkways. VA cemeteries and facilities that participate in the program display the flags on Veterans Day and Memorial Day. Last year, more than 4,000 flags donated to the program.

Service members with questions about VA burial benefits should contact the nearest Veterans Ad-

ministration office or the local American embassy.

Quotable Quote

"No army is better than its soldiers, the soldier is also a citizen. In fact, the highest obligation and privilege of citizenship is that of bearing arms for one's country."

—Gen. George S. Patton Jr.

DT3 Dorn awarded NAM



DT3 Brenda L. Dorn, USN, was awarded the Navy Achievement Medal for professional achievement in the superior performance of her duties while serving as Open Purchase Buyer for Naval Dental Clinic, Bremerton Supply Department from 2 Mar 87 to 31 Mar 88. Captain R.H. Harper, DC, USN, Commanding Officer, Naval Dental Clinic, Bremerton, Washington, presented the award.

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10 million medical records found

Continued from front page

1945 and from 1950 to 1954. The research council studied Army treatment facilities in the 1950s.

Disability claims filed after the fire were difficult or impossible to substantiate. The newly found records may help veterans whose disability claims were denied to document their eligibility for compensation.

The VA has established Project Expedite to speed the cross-checking of files to determine which cases can be reopened.

Some 964,000 World War II veterans and more than 306,500 Korean War veterans are carried on the VA's disability compensation and pension roles. The more than 627,900 disabled Vietnam veterans are not affected, since their records are intact.

But Lucas emphasized that "these are computer magnetic tapes that contain extracts from hospital treatment records." "These are computer tapes of hospital visits, so we're not really talking about 10 million people. One guy may have made six or seven visits," he said.

"The tapes have the service member's name, service number, rank, age, length of service, date and place of admission (to a hospital), type of case, whether it was a battle injury, the diagnosis, circumstances surrounding the injury, the type of injury and the date of disposition," said Jill Brett, a spokeswoman for the archives.

"They (the tapes) will not be immediately available because we have to determine the format of each tape and then reformat it to be compatible with our system. The National Personnel Records Center has the 1944 data. It's going to take some time before the Veterans Administration gets the rest of the tapes."

The fire destroyed or seriously damaged Army and Army Air Corps personnel records from 1912 through 1959 and Air Force records from 1947 (the year the Air Force was created out of the Army Air Corps) to 1959 for personnel with the surnames of Hubbard through the letter "Z." Records were also lost for members of the other military services who were treated in Army medical facilities.

"We'll probably get a lot of inquiries from veterans in their early 50s and older," said Lucas. "Any of those fellows who have a pain or ache will probably inquire, as they should, because that's their entitlement. But at the same time, lots of guys will be surprised to learn that their rating is unaffected by these records."

"For example, if a veteran was approved for benefits for a shrapnel wound in 1947, in all probability this will not alter his rating in any way," Lucas explained. "These records are since that time. But if a veteran put a claim in for a back injury incurred in 1945 and it was denied, it may have been denied because we could not establish that he had received medical treatment for it. With this new information, we may find that he was in the hospital and therefore entitled to consideration for disability compensation."

Veterans and survivors with questions about their disability compensation should contact their regional VA office.

"The veteran is as close to VA as his telephone—toll free, unless he's at a phone booth," said Lucas. "He can find the number under 'U.S. Government' in the telephone directory."

Oak Knoll celebrates 46th birthday



For the first time in its 46-year history, Naval Hospital, Oakland celebrated its birthday, and in style. The fun-filled, nostalgic and day-long event warmed many hearts and left others, especially the old-timers, misty-eyed. For, Oak Knoll is indeed a very special place.

Captain George Gavrell of the hospital's Urology Department, who served as the master of ceremonies for the festive event, echoed the sentiments of many Oak Knollers.

"It's time to stop and briefly recognize the hospital's dedication to healthcare and to our worthy healthcare beneficiaries," he said.

"It's about time we stop and formally thank the staff, both enlisted and officers, for their hard work and commitment to Oak Knoll. It's also about time that we stop and thank our patient population as well for their continued patience and loyalty even in the face of personnel shortage and limited availability to healthcare."

Through the hard work and innovative ideas of committee members headed by Commander Randy Bohn, of the Quality Assurance Department, the hospital's grounds were transformed into a carnival-like scenario complete with arches

of multi-colored balloons to sizzling barbecued chicken and ribs for the gastronomical delight of hungry revelers. Photo exhibits of the hospital's historic past, educational booths, souvenir and food stands, live band and exciting dance numbers, from the D-Ann and Hawaii Dancers literally all contributed to the success of the party.

However, it was everyone's commitment at Oak Knoll to keep the hospital going that made the celebration possible and more meaningful. As in the words of Captain C. Gordon Strom, Commanding Officer, Naval Hospital, Oakland, "Oak Knoll started out as a golf course and people have made snide remarks ever since about the Oak Knoll Country Club. People have tried to close it since 1946 but it isn't closed yet. The impact of this institution in the Bay Area is enormous. People have been affected by it in many ways in their lives."

"From the beginning till now, the hospital has fulfilled its mission," he said. "Strangled by budget cuts, personnel shortages and has been assailed in the news media; she still stays. It's indeed a special place."



Photos by
JO1 Dan Guiam
and
AN Debbie Davis



Good morning

Fun is like life insurance
... the older you get,
the more it costs.

NORWESTER

The Voice of the Naval Medical Command, Northwest Region

'Turning Into the Wind'

(Editor's note: The following article is an excerpt from the Navy's Surgeon General's Annual Report.)



Vice Admiral James Zimble

The first step in revitalizing Navy Medicine is education. We needed to go to our superiors in Congress, in the Department of Defense and in the Navy Department, and explain why having Navy health care providers is important. Next, we had to show how Navy medical personnel are grown — that we don't emerge from the recruiter's office ready to report to the fleet or manage a clinic. We stressed the essentiality of Graduate Medical Education and the training programs, the lifeblood of our

continuing development. We demonstrated why it is important to keep the number of care mix of patients in a facility high for the purpose of maintaining our skills. We called attention to the fact that we need skilled nurses, corpsmen and administrators in adequate numbers if our physicians are to be properly employed. Finally, we pointed out the futility of all other measures if our people leave the Navy because they are not as well compensated as their civilian peers for their unique skills.

Educational efforts

These educational efforts have begun to pay off. We have been helped additionally by the transfer of CHAMPUS payment responsibility from the Department of Defense to the military departments. Now that the individual services are accountable for their beneficiaries' bills, the economy of the health professional in uniform has a truly compelling logic.

Stewart is GEOCOM's new CMC

Story and photo by
AN Debbie Davis

"I am extremely proud that the Navy was nice enough to put all the best sailors in the Northwest Region, and that I have been given

singled out for the job," said the Master Chief. "I know the other finalists to be exceptionally talented people."

Master Chief Stewart was selected from a field of Command Master Chiefs representing var-

"I really care about people and will always listen," said Master Chief Stewart.

Impressive record

However, it's not primarily his caring attitude that convinces people about his new job. His accomplishments, rating qualifications and significant assignments for the last 20 years speak for themselves.

Master Chief Stewart's naval career began in 1968 when he joined the service after graduation from high school in New Mexico at the height of the Vietnam conflict.

"To join or not join was never a question," he said. "It was just something almost everyone my age did in that part of the country. Despite a few frustrations I still think the Navy is one of the best places in the U.S. to work."

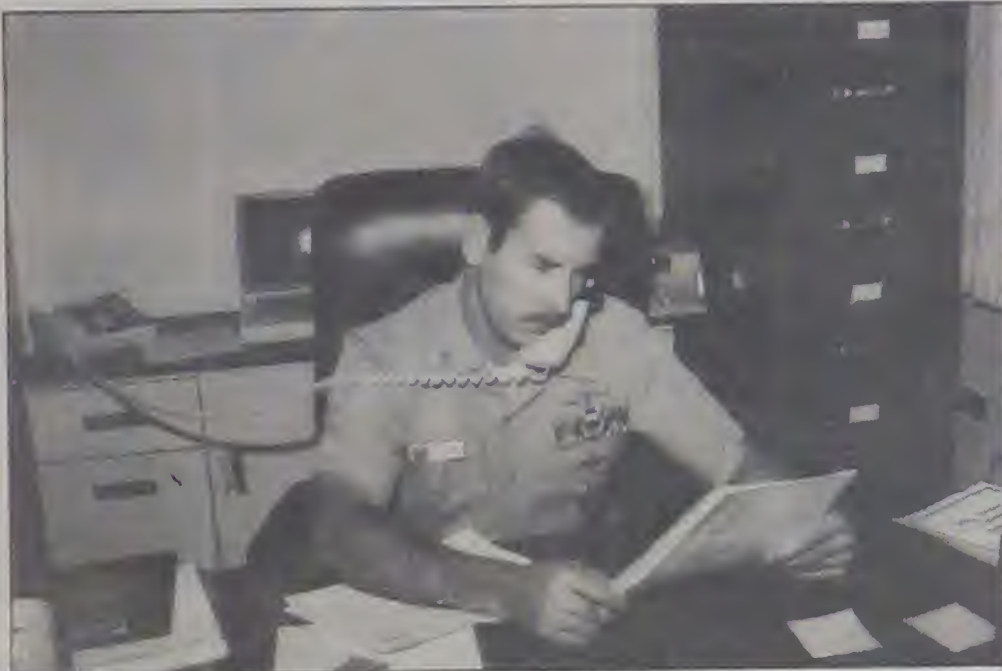
Veterinarian work

After completion of recruit training at San Diego, Master Chief Stewart attended Hospital Corps "A" School there.

"I had worked for a veterinarian for six years and really developed an interest in medicine," he said when asked why he chose to become a hospital corpsman. "I saw the Hospital Corps as a way to pursue my interest in medicine and fulfill an obligation to the country at the same time."

Master Chief Stewart then reported to Naval Hospital, Camp Pendleton for his initial assignment

Continued on page 8



Phone calls alone literally keep HMCM Michael Stewart busy all day.

the opportunity to represent them to the Admiral," said Master Chief Hospital Corpsman (SS) Michael L. Stewart, who was installed last Friday as the Command Master Chief for the Naval Medical Command, Northwest Region (GEOCOM).

The 20-year-Navy veteran relieved HMCM (SS) William O'Daniel, who retired after a 30-year career in the Navy. Master Chief Stewart reported to GEOCOM from the Naval Medical Clinics, Command, San Francisco where he held a similar post.

"I was very surprised to be

ious clinic commands and hospitals throughout the Northwest Region. In his new post, the 38-year-old from Deming, N.M. will represent the enlisted community to Rear Admiral David Lichtman, the region's Commander. He will keep the Admiral aware of the feelings and ideas of enlisted members. In addition, he'll attend staff meetings, assist in the formulation and change of policies, strengthen leadership, and represent the command at military and civilian functions. And everyone, officers and enlisted personnel alike, seemingly think he's tailor-made for the job.

4.1% pay raise eyed for gov't workers

All military and civilian government workers are nearly assured getting a 4.1 percent pay raise January 1, 1989.

House and Senate conferees agreed August 10 to include a pay raise for federal government service and executive level four and five employees in the Treasury-Postal Appropriations Bill, which President Reagan is expected to sign.

Although the bill covers civilian pay raises, federal law guarantees that military members will also

receive the 4.1 percent increase in their basic pay and Basic Allowance for Subsistence and Quarters (BAS and BAQ), unless Congress modifies the percentage.

A separate proposal for a 4.1 percent increase in basic pay and BAS for the military is still pending in House and Senate conferences on the Defense Appropriation Bill. The possibility of a 7 percent increase still exists in pending legislation before House Armed Services Committee.

U.S. to trim forces in Gulf

A cease-fire in the eight-year war between Iran and Iraq began August 20 with talks on a permanent peace accord to start five days later.

United Nations Secretary General Javier Perez de Cuellar made the announcement at an August 9 meeting of the 15-member Security Council at U.N. headquarters. The cease-fire follows a year-long effort by the Council to end a war that has claimed an estimated one million lives, left 1.7 million wounded and produced 1.5 million refugees.

Secretary of Defense Frank Carlucci reiterated in television interviews August 9 that a reduction in forces operating in the gulf would not occur for some time.

"We will await the actual imple-

mentation of the cease-fire on August 20," said Carlucci. "(We will) allow a prudent amount of time to pass to make certain that our ships are not in any danger before we begin to draw down. If it appears that things have quieted down, we will revert to the normal posture that we've had in the gulf, which is generally about five or six ships. We have no desire to keep our people there any longer than necessary."

While visiting British forces in the Persian Gulf, Prime Minister Margaret Thatcher said British ships will stay in the gulf until it is certain that "there is no threat." British ships operating in the gulf include a destroyer, two frigates, a tanker and three minesweepers.



Friendly staffmembers assist patients.

At NAVCARE Clinic Oakland

Business is booming

Many active duty military personnel and their dependents in addition to retirees have been flocking to the newly opened NAVCARE Clinic located at 8450 Edes Ave., in the southern end of East Oakland near the San Leandro City limits. Why not? It beats

waiting in line for a routine check up. Patients are seen, treated and out the clinic's doors usually within two hours, as stipulated in the agreement between the Navy and PHP Healthcare Corporation who run the facility. So if you're in a hurry to get treated for a routine

ailment, such as colds, flu or gynecological problems, drop by the NAVCARE Clinic even without an appointment. It's open from 7 a.m. to 8 p.m. Mondays through Fridays, and 7 a.m. to 4 p.m. on Saturdays and Sundays. There will always be a registered nurse and physician on duty according to the clinic's spokesperson. The clinic is there to serve you. (Photos by AN Debbie Davis)



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the Chaplain's Corner

People Make a Difference

by Father M. J. Hary

A good man died, and he was on his way to heaven. He asked his angel escort to stop by hell, just to see what he missed! They knocked at the door of Satan's palace and were allowed in for a look. There they saw people seated at a large table around a big pot of beef stew, his favorite dish.

Although everyone had a spoon and could reach the pot, the people were starving. The spoon handles that were attached to their hands were twice as long as their arms. They could catch the stew, but they couldn't bring it to their lips. The cries of the starving were so loud he begged to be taken away.

Later, stepping into the outer room of heaven, he saw a similar round table surrounded by many people. In the center was a big pot of beef stew. The spoon handles were also too long for human arms, but there were no cries of complaint. No one was starving. All the people were feeding each other.

People really do make a difference. A concentration camp can become the scene of heroism and selfless giving. A luxurious palace can be a place of shame and cruelty. It's what the people want to make it.

How often going the extra step, or offering forgiveness, or just to let things go bad can change a bedlam into a heaven of peace, a house into a home.

Cmdr. Newquist assumes command

Mercy's MTF has new OIC

by Bob Borden, PAO, MSCPAC

About the same time USNS Comfort was being welcomed to Baltimore recently, her sister ship, USNS Mercy, was having her first change of command within the vessel's Medical Treatment Facility (MTF) in Oakland.



Cmdr. Robert Newquist

Commander James Hanrahan, MSC, who reported to Mercy two years ago as the ship's first Officer in Charge of the MTF's cadre crew while the vessel was still being renovated from a tanker to a hospital ship, was relieved by Commander Robert L. Newquist, MSC.

Neither Commander Hanrahan or anyone else realized that a year after he was assigned to Mercy, the ship would be returning to the United States following a highly successful humanitarian and training mission to the Philippines and the South Pacific.

In July 1986, Commander Hanrahan assumed he would only be administering Mercy's Medical Treatment Facility, an organization charged with the responsibility to ensure the ship's hospital can be mobilized within five days of an emergency. Mercy was supposed

to quietly berth in Oakland at the end of 1986 and occasionally be used in an exercise. History had a different plan for the ship.

"Had Commander Jim Hanrahan known what he was getting into when he accepted orders as the first executive officer of the Medical Treatment Facility on Mercy, he may not, as a reasoning human being, have accepted so quickly," quipped Captain W. T. Dannheim. Capt. Danheim, Commander, Military Sealift Command, Pacific, was the guest speaker at the change of command.

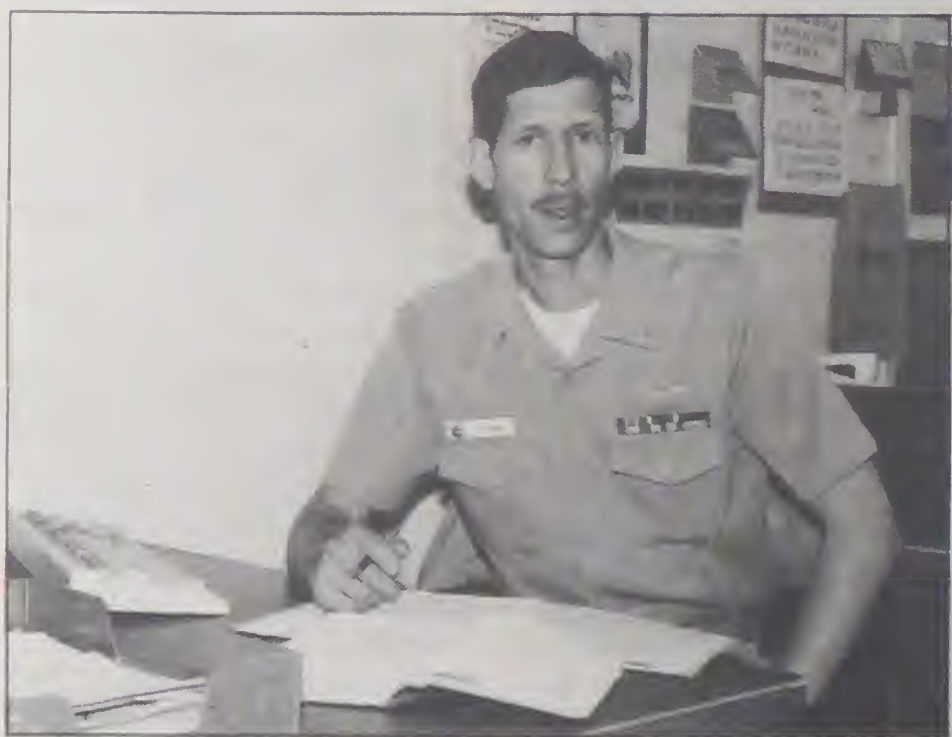
Cmdr. Hanrahan became the man on the hot seat, reporting to the master of the ship and the commanding officer of the hospital during the busy days leading up to the ship's departure from San Diego and during her five-month deployment to the Western Pacific.

"If there's any more thankless task than being the executive officer, I can't think what it would

be," said Captain Dannheim, speaking from experience as former executive officer aboard destroyer. "Thankfully, Commander Hanrahan was equal to monumental task, and was, as much as any other individual, the reason why the maiden voyage of Mercy was crowned with success."

A 29-year veteran of the Navy who spent his first 11 years as a Navy corpsman before being commissioned in 1970, Hanrahan left Mercy to become director of the Navy's Medical Plans and Programs Office in the Pentagon. His successor, Commander Robert Newquist, is also a former corpsman who left active service for seven years to complete undergraduate and graduate studies in health science and public administration before returning to the Navy in 1967. Newquist's most recent assignment was Force Medical Administrative Officer with Commander, Naval Air Force Pacific Fleet.

Awards from around GEOCOM



Moon bags NAM

Chief Hospital Corpsman (SS) Jeffrey D. Moon, Leading Petty Officer at the Aviation Medicine Department at Naval Hospital, Oak Harbor, has been awarded the Navy Achievement Medal. Chief Moon received the award for his planning, organization and implementation of an evolution in which over 1,000 discharge and reenlistment physicals were completed in just 15 days. This evolution was in response to the Navy's early release program of last spring. The tremendous increase in physicals required was met with minimal disruption to the daily routine at the hospital.



'A job well done . . .'

Recently Branch Medical Clinic (BMC), Alameda personnel (left to right) Mr. E. Thurston, Mr. D. Smith and Miss D. Brooks received Letters of Appreciation from Capt. L. Pickett, Commanding Officer, Naval Air Station (NAS), Alameda. All three had assisted in BMC Alameda's efforts to prepare for the recent NOSHIPS inspection. Mr. Thurston is Head, Industrial Hygiene Division, Miss Brooks is the Secretary for the Officer in Charge. Mr. Smith is the Secretary for Industrial Hygiene.

Tompkins takes helm as Branch Hosp. Adak's OIC

In a change of command ceremony held at the Naval Air Station Adak, Alaska recently, Lieutenant Commander Lee W. Tompkins relieved Lieutenant Commander David W. Cunningham as Officer in Charge of Branch Hospital Adak.



Cmdr. James Hanrahan receives the ship's plaque from MSCM Mark Ignacio, the MTF's Command Master Chief. (Photo by Bob Borden)

Women's Equality Day

The 19th Amendment to the Constitution, which gave women the right to vote, became law on 26 August 1920. The president of the United States traditionally proclaims August 26 as Women's Equality Day in recognition of this significant event in our country's history.

The women who have served our nation in the Armed Forces and civil service traditionally have responded to the challenge of citizenship with courage, dedication, and perseverance. All women can be proud of their many achievements. We owe them a debt of gratitude for the vital contributions they have made to the security of our nation.

Lt. Cmdr. Tompkins, a native of Hot Springs, Ark., has a lot of changes planned for the hospital. He promised that "whatever changes we (the hospital) make will be well publicized."

The change at the top of the list right now, he said, is to increase accessibility to the hospital. This will make it easier for people to make appointments and will decrease the waiting lines.

The new OIC believes "the quality and care provided by the Branch Hospital is some of the best in the Navy."

Lt. Cmdr. Tompkins also said that he plans to talk to the many clubs, organizations and commands on the island about the hospital's role in the community.

Rear Admiral David Lichtman, Commander, Naval Medical Com-

mand, Northwest Region was the guest speaker.

NORWESTER

Rear Adm. David Lichtman
Commander

Howard Thomas
Public Affairs Officer

JOC Michael McGougan
Assistant Public Affairs Officer

JO1 Dan Gulam
Editor

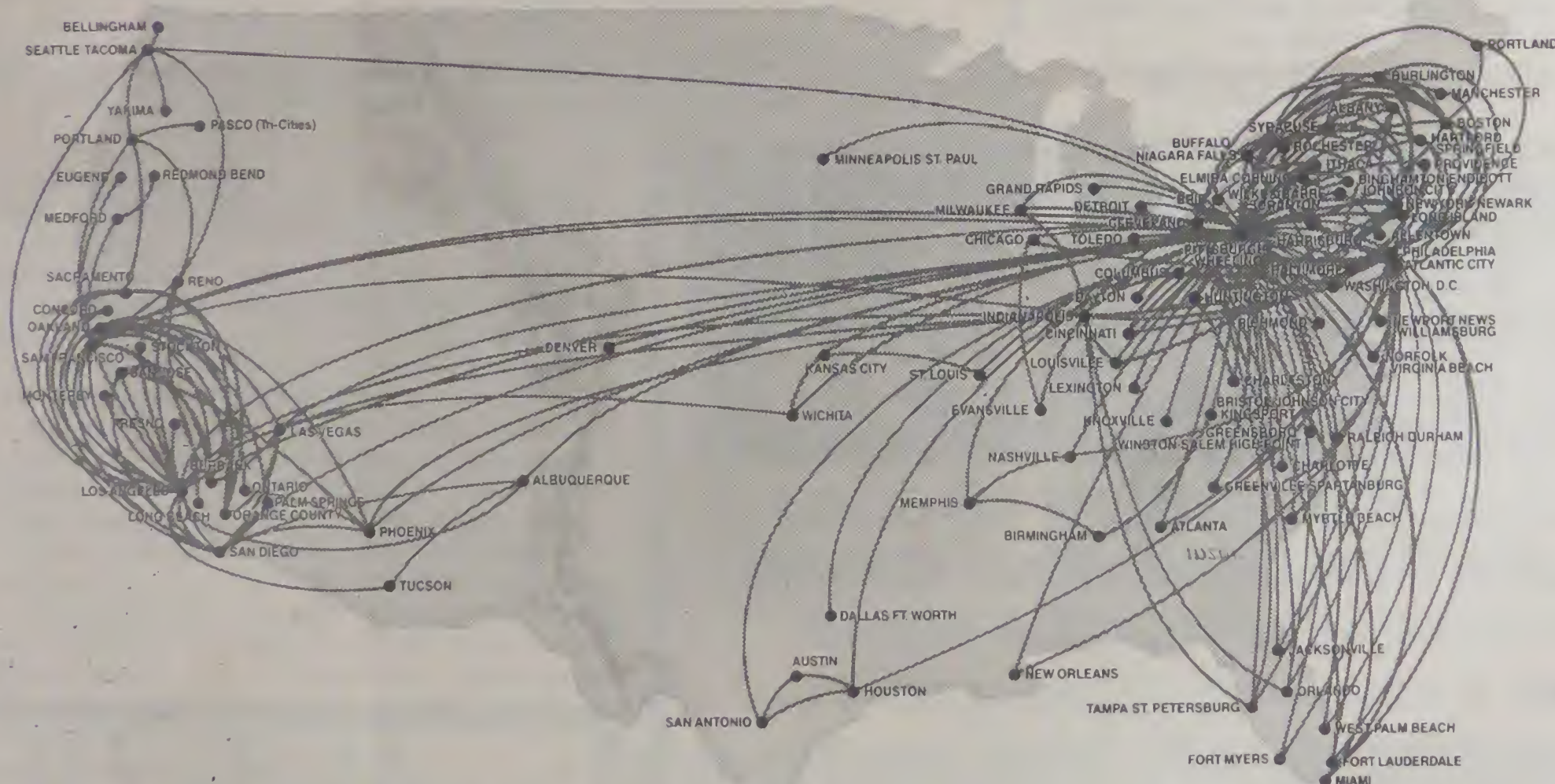
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USAIR

Everything you need to know about CRI

by Howard Thomas

Military families in California and Hawaii now have an "open door" to improved health benefits under the CHAMPUS Reform Initiative test project.

The project, which began August 1, in two states, gives CHAMPUS eligible families the chance to use either of two new voluntary programs which offer combinations of expanded health care, lower costs and less paperwork.

Families also have the option of continuing to use the standard CHAMPUS program and military hospitals just as they have always done.

The first of the two new programs, "CHAMPUS Prime" offers, which is scheduled to begin early next year, preventive health care benefits not available through standard CHAMPUS, such as routine physical exams, pap smears and similar care. It also covers all other benefits cost-shared by the regular CHAMPUS program.

Under CHAMPUS Prime family members will enroll in the program and will be issued a CHAMPUS Prime membership card. They will present the card when seeking care from any one of three subcontracted networks of health care providers.

The networks are organized under agreements with the contractor, Foundation Health Corporation of Sacramento. The three network subcontractors are Foundation Health Plan for Northern California, Partners Health Plan in Southern California, and Queen's Health Care Plan in Hawaii.

Prime enrollers will pay only \$5 for most visits to the doctor, and

will have reduced out-of-pocket expenses for all hospitalization. Flat fees will be charged for emergency room, urgent care center and mental health visits, as well as for all prescription drugs.

There will be no annual deductible under CHAMPUS Prime. Also, for retirees in enlisted grades E-4 and below, and their families, and for families of active duty members who are E-4 and below, the \$5 fee for primary and preventive care will not apply. That care will be free.

For more information on CHAMPUS programs call 430-2500.

CHAMPUS Extra

CHAMPUS Extra is a health care plan offered to CHAMPUS beneficiaries in select areas of California and Hawaii. This program is offered as an alternative to Standard CHAMPUS, which remains available.

CHAMPUS Extra operates much like a Preferred Provider Organization. Beneficiaries receive health care at reduced costs by using the network of participating, preferred providers. Enrollment in CHAMPUS Extra is not required; beneficiaries receive the benefits merely by utilizing the preferred providers.

To participate in CHAMPUS Extra, beneficiaries must be enrolled in the Defense Enrollment Eligibility Reporting System.

People who are eligible for CHAMPUS Extra or any CHAMPUS program are:

- * Active Duty Dependents
- * Military Retirees and

Inpatient Services

SERVICES	TERMS
HOSPITALIZATION Semiprivate room (and when medically necessary, special care units), general nursing, and miscellaneous hospital services and supplies. Includes meals including special diets, drugs and medications while an inpatient, operating and recovery room, anesthesia, laboratory tests, x-rays and other radiology services, necessary medical supplies and appliances, blood and blood products.	Unlimited, as medically necessary
SKILLED NURSING FACILITY CARE Includes semiprivate room, regular nursing services, meals including special diets, physical, occupational, and speech therapy, drugs furnished by the facility, necessary medical supplies and appliances.	Unlimited, as medically necessary
HOSPITALIZATION FOR MENTAL ILLNESS AND CHEMICAL DEPENDENCY CARE	60 days per calendar year as medically necessary.
ALCOHOLISM	7 days for detoxification and 21 days for rehabilitation per 365 days, maximum of one rehabilitation program per year and three per lifetime. Detoxification and rehabilitation days count toward 60-day limit for mental health benefits.
SEPARATELY BILLED PROFESSIONAL SERVICES	As medically necessary, professional (physician and other) services in conjunction with hospitalization that are normally billed separately

Beneficiary Charges

CHAMPUS PRIME	CHAMPUS EXTRA	STANDARD CHAMPUS*
Active Duty Dependents: No Copayment.	Active Duty Dependents: No Copayment.	Active Duty Dependents: Copayment of \$25 or \$7.85 per day, whichever is higher.
Retirees and their Dependents and Survivors: Copayment of \$75 per day to \$750 max per admission	Retirees and their Dependents and Survivors: Copayment of \$125 per day or 25% of billed charges, whichever is less.	Retirees and their Dependents and Survivors: Copayment of \$175 per day or 25% of billed charges, whichever is less. In some instances, only the 25% coinsurance applies.
		Active Duty Dependents: Copayment of \$25 or \$7.85 per day, whichever is higher.
		Retirees and their Dependents and Survivors: Copayment of 25% of billed charges.
Active Duty Dependents: No Copayment.	Active Duty Dependents: No Copayment.	Active Duty Dependents: Copayment of \$25 or \$7.85 per day, whichever is higher.
Retirees and their Dependents and Survivors: Copayment of \$50 per day.	Retirees and their Dependents and Survivors: Copayment of \$50 per day.	Retirees and their Dependents and Survivors: Copayment of 25% of billed charges.
No Copayment.	Active Duty Dependents: No Copayment.	Active Duty Dependents: No Copayment.
	Retirees and their Dependents and Survivors: Copayment of 20% of Plan allowable	Retirees and their Dependents and Survivors: Copayment of 25% of CHAMPUS allowable

Please note that these standard CHAMPUS copayments are subject to change on an annual basis. The copayments shown in this chart reflect those in effect on Aug. 1, 1988.

MILITARY DEPENDENTS

Consumer Dental Offices will accept your Active Duty Dependents Dental Plan for covered services. No patient portion is required from you prior to treatment. Co-payments, if any, can be made as your income permits.

Patient Must Provide the Active Duty Person's Leave Statement.

Evening and Saturday appointments

CONVENIENT LOCATIONS

Oakland Airport Office
Consumer Dental Office
8105 Edgewater Drive, No. 250
Oakland, CA 94621
(415) 568-6272

Tracy Office
Sequola Dental Care
3250 Tracy Blvd.
Tracy, CA 95376
(209) 836-4950

Daly City Office
Westlake Shopping Center
Peninsula Union Dental
283 Lake Merced Blvd.
Daly City, CA 94015
(415) 991-0300

Fremont Office
Crossroads Shopping Center
Aspen Dental Care
39411 Fremont Blvd.
Fremont, CA 94538
(415) 770-0393

Martinez Office
Alpine Dental Care
1160 Arnold Dr., Suite G
Martinez, CA 94553
(415) 372-7108

- their Dependents
- * Survivors of Deceased Military Personnel
- People who are NOT eligible for CHAMPUS Extra or any CHAMPUS program are:
- * Medicare eligibles
 - * CHAMPVA beneficiaries
 - * Active Duty Personnel

Some of the benefits included under CHAMPUS Extra are:

- elimination of claim forms filing;
- for Active Duty Dependents, after the deductible has been satisfied, a 15% cost share for outpatient health care from participating civilian providers (as opposed to a 20% cost share under standard CHAMPUS);

posed to a 20% cost share under standard CHAMPUS);

- for Retirees, Dependents and Survivors of Deceased Military Personnel, after the deductible has been satisfied, a 20% cost share for outpatient health care from participating civilian providers (as opposed to a 25% cost share under standard CHAMPUS);
- for Dependents of Grade E-4 and below, no cost share for primary care medical services from participating civilian providers (as opposed to 20% under standard CHAMPUS);
- for Retirees, Dependents, and

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But were afraid to ask

Sailors of the Quarter GEOCOM Staff

Outpatient Services	Beneficiary Charges		
SERVICES	CHAMPUS PRIME*	CHAMPUS EXTRA	STANDARD CHAMPUS
ANNUAL DEDUCTIBLE	None.	\$50/person or \$100/family per fiscal year.	\$50/person or \$100/family per fiscal year.
PHYSICIAN SERVICES/OTHER BASIC HEALTH SERVICES <small>(i.e. visits, primary and preventive care, x-ray and laboratory services, outpatient medical and surgical consultation, diagnosis, and treatment by special therapy tests and treatment, physical therapy and orthopedic services, osteopathic manipulation, medical supplies including casts, dressings and linens.)</small>	\$5 Copayment	Active Duty Dependents: Copayment after deductible has been satisfied: 15% of Plan allowable. Retirees and their Dependents and Survivors: Copayment after deductible has been satisfied: 20% of Plan allowable.	Active Duty Dependents: Copayment after deductible has been satisfied: 20% of CHAMPUS allowable. Retirees and their Dependents and Survivors: Copayment after deductible has been satisfied: 25% of CHAMPUS allowable.
AMBULANCE SERVICES <small>(currently defined and covered by OCHAMPUS)</small>	\$5 Copayment.		
EMERGENCY SERVICES <small>(inpatient and outpatient, both in and out of service area emergency and urgently needed care.)</small>	\$25 Copayment for emergency room use, \$15 Copayment for Urgent Care Center use.		
ORTHOTIC DEVICES AND DURABLE MEDICAL EQUIPMENT	10% of Plan allowable		
FAMILY HEALTH SERVICES <small>(family planning and well baby care (up to two years of age). Certain exclusions apply, as currently defined by CHAMPUS.)</small>	\$5 Copayment.		
HOME HEALTH CARE <small>(full-time skilled nursing care, physical and speech therapy (when medically necessary), and occupational therapy as currently defined by OCHAMPUS.)</small>			
OUTPATIENT MENTAL HEALTH <small>(one hour of therapy no more than two times each week.)</small>	\$10 Copayment for individual visits, \$5 Copayment for group visits.		
PRESCRIPTION DRUGS <small>(Please remember only certain pharmacies are CHAMPUS Prime & Extra providers.)</small>	\$4 Copayment/Rx up to 30-day supply for Active Duty Dependents; \$5 Copayment/Rx up to 30-day supply for Retirees, Dependents, and Survivors.		
PERIODIC PHYSICAL EXAMINATIONS <small>(Conducted by Primary Care Physician for ages 2+; well baby care up to age 2, see "Family Health Services.")</small>	Ages 2-6: \$5 Copayment per physical; Ages 7+: \$15 Copayment per physical.	For official travel, PCS orders outside the U.S., only: Active Duty Dependents: Copayment: 15% of Plan allowable; Retirees and Dependents: Not Covered.	For official travel, PCS orders outside the U.S., only: Active Duty Dependents: Copayment: 20% of CHAMPUS allowable; Retirees and Dependents: Not Covered.
VACCINATIONS <small>(Infant and adult immunizations as recommended by American Academy of Pediatrics for children and by U.S. Public Health Service for adults. For well baby care up to age 2, see "Family Health Services.")</small>	\$5 Copayment		
ROUTINE PAP SMEARS	\$5 Copayment (if rendered separately from physical exam)	Not covered.	Not covered.
WELLNESS CLASSES, COMMUNITY HEALTH SERVICES AND COMMUNITY RESOURCE COORDINATION	No charge or at reduced cost.		



SK3 Fernando Cortez
Supply Dept.



HM2 Chris Weaver
Training Dept.

Naval Hospital, Oak Harbor



SK1 Richard Redfern, of Naval Hospital, Oak Harbor Fiscal/Supply department, has been named Senior Sailor of the Quarter. Redfern was selected in part for his efforts to integrate his shipboard supply experience to the hospital supply department. He developed a computer based material management inventory system that is exhaustive and comprehensive, yet easy to use. He also designed the floor plan to increase efficiency in the material management department. Redfern is also credited for setting up a receipt control system.

Branch Medical Clinic, Alameda



HM3 Brian Brough, Training Petty Officer, gets a congratulatory handshake from Lt. Cmdr. S.A. Astrachan, Branch Medical Clinic, Alameda's OIC. Petty Officer Brough was recently named the command's Sailor of the Quarter.

copayment for primary care or preventive services for dependents of sponsors with paygrades of E-4 and below (both active duty and retired.)

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care at participating hospitals (as opposed to \$25 or \$7.85 per day—whichever is higher—under Standard CHAMPUS); —at reduced costs, new benefits such as periodic physical exams, wellness classes and immunizations; — a CHAMPUS Service Center, staffed with Registered Nurses, called Health Care Finders, and Beneficiary Services Representa-

tives; — Health Care Finders who coordinate treatment in the military and civilian communities to assure beneficiaries receive the most appropriate care; — Beneficiary Services Representatives who answer questions and help beneficiaries use the program. More information on CRI program may be obtained by calling 430-3500.

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Require NYS Licensure and Board Eligibility/Certification. All positions carry academic appointments in the Department of Psychiatry at SUNY Health Science Center at Brooklyn. We offer an excellent salary and benefits package. Please send C.V.s. to **Harvey R. Redford, M.D., Deputy Director of Psychiatry, Kings County Hospital Center, 606 Winthrop Street Box #1203, Brooklyn, NY 11203, or call (718) 735-3803/4.**

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Navy News Briefs

Declining drug use by military noted

Today's military personnel are saying no to drugs more often than their predecessors did eight years ago.

Preliminary results from the 1988 worldwide survey of substance abuse and health behavior among military personnel who had used drugs 30 days prior to the survey has decreased from 27 percent to less than six percent. Overall, 10 percent of the military personnel surveyed reported non-medical drug use in the previous 12 months,

compared to 13 percent in 1985. Self-reported loss of productivity during the past year because of drug use was reported by two percent of the active duty population, compared to three percent three years ago.

The preliminary results also indicated that heavy drinkers, those drinking five or more drinks per occasion at least once a week, constitute nine percent of the military population versus 12 percent

in 1985. Smoking is also on the decline as 57 percent of military personnel reported that they did not smoke during the last 30 days and 23 percent smoked about a pack of cigarettes a day or more, down from 54 and 31 percent respectively.

The 1988 survey represents the responses of 17,213 military personnel from around the world. A final report of survey results is expected in December.

Navy trash turns up on N.C. shore

The trash, which included some medical waste, that washed ashore in Atlantic Beach, N.C. recently came from Navy ships, which had recently conducted amphibious training exercises off the North Carolina coast.

The trash was mostly solid waste, such as clothing and paper, but some syringes, needles, vials, gloves and tubing were also found.

North Carolina Governor James G. Martin at an August 11 news conference declared the beaches

safe and praised the Navy-Marine Corps team from its fast reaction and clean-up operation.

Under Navy regulations, ships may dump biodegradable garbage at least 12 miles from shore, and other trash items 25 miles out. However, drugs and associated paraphernalia, and biological waste may not be disposed of at-sea.

Marine Corps personnel from Camp Lejeune, N.C. conducted a clean-up along a 26-mile stretch of shore line.

An investigation into the incident is underway. Investigators have determined that the incident is not connected in any way to appearance of debris on New York and New Jersey shores.

Shenandoah sailors battle wildfire

USS Shenandoah (AD 44) crewmembers helped battle a forest fire that threatened the ship's namesake, the Shenandoah Valley, located in Northwestern Virginia.

The crew's involvement began when Damage Controlman First (SW) Richard B. Flink, one of the ship's fire marshalls, noticed a newspaper article about the fire, and brought it to the command's attention. Twelve sailors out of 200 volunteers were dispatched

July 20 to assist in the firefighting effort.

Upon arrival, the sailors were taken to the George Washington National Forest, and within five hours, extinguished their first wildfire. The following day, they were sent to the Shenandoah Gap to start a backfire which would starve the large wildfire. But just as the backfire was lit, mother nature stepped in and extinguished both fires with rain.

Annual essay contest underway

The U.S. Naval Institute has announced the annual Arleigh Burke Essay Contest, formerly called the General Prize Essay Contest, which was started in 1879.

Cash prizes of \$2,000, \$1,000, and \$750 will be awarded to the authors of the first place, first honorable mention, and second honorable mention essays.

The topic of the essay must relate to the mission of the U.S. Naval Institute: "The advancement of professional, literary, and scientific knowledge of sea power."

Essays must be received on or

before December 1, 1988, and must not exceed 4,000 words.

For a list of contest rules write the U.S. Naval Institute, Membership Department, Annapolis, Md., 21402, or call toll free (800) 233-USNI.



HM reservists complete EMT at Oak Knoll

Twenty-two hospital corpsmen from various air and surface reserve units throughout the Northwest Region recently completed Emergency Medical Technician (EMT) training aimed at enhancing their ability to triage, handle multiple casualties, trauma and other similar incidents during an emergency situation.

Root Canal Treatment

by Captain Paul C. Lehman, D.C.
Naval Hospital, Oakland



Root Canal treatment is performed by a dental specialist called an Endodontist (from the Greek Endo = within odous = tooth). The specific treatments performed in Endodontics are:

1. Treatment for diseases of the dental pulp (nerve)
2. Treatment for avulsed (knocked out during trauma) teeth
3. Treatment for luxated (dislodged during trauma) teeth
4. Treatment for bleaching (whitening) discolored teeth
5. Treatment for complex cases referred from other Dental Specialists such as Periodontists and Prosthodontists.

Only Way

Root Canal treatment is the only way to save a tooth with a dead or infected nerve, the alternative is loss of the tooth by extraction. Treatment of dental "nerve" diseases are the most feared and the least understood by the population in general. First, all are no, painful! They may be long standing chronic problems which are diagnosed from X-Rays. Many of these require No anesthetic injections (needles) for successful treatment! The longer painful symptoms have been present before seeking treatment in the dental office, the more likely that this pain continues for a day or two following the first treatment visit. Treatment may require local anesthetic, plus a post treatment prescription for analgesic (pain pills) and/or antibiotic and more than one office visit to complete the root canal treatment.

Trauma

Trauma is another area that an endodontist or general dentist provides his expertise. From the chipped sharp edge to the knocked out tooth, professional supervision and/or treatment is necessary. Blunt trauma may compromise the blood supply in the tooth thus resulting in a "sterile abscess" from the dead or dying nerve tissue.

Successful bleaching of a discolored tooth is always satisfying both to the patient and the dentist. This is accomplished over several short (20 minute) appointments which require no anesthetic. The bleaching compound is placed inside the crown of an Endodontically treated tooth to remain in place for several days while it actively whitens the tooth. When the bleached tooth matches the color of the adjacent teeth a permanent filling is placed.

Complex cases referred from other dental specialists may involve combined treatments in order to preserve teeth or one root of a molar tooth depending on the extent of the disease present.

It is always less time consuming and less costly to intervene at the earliest symptom of disease. If an existing filling should come out, the patient should immediately have it replaced rather than wait until discomfort occurs. The philosophy of not fixing the hole in the roof of your house on a sunny day because there is no leak, is the same for the person who neglects to come for early professional diagnosis and treatment.

Watch for Signs of Credit Trouble

Credit can be a valuable tool for making the most of your money, but only if you use it wisely. Careless use of credit can ultimately result in bankruptcy and loss of credit privileges.

How do you know if you're using too much credit for your family's financial health? The answer varies from one household to the next, but some signs to look for are:

- Using credit to buy less expensive items or to pay for day-to-day needs.
- Taking 60 or 90 days to pay bills that should be paid in 30 days.
- Making only the minimum monthly payment while adding more charges to the bill.
- Going on spending sprees and charging everything if you are upset or depressed.
- Finding it harder to put money into savings.
- Taking out a new loan before the old loan is paid off, or taking out a new loan to pay off old debts.
- Paying penalty charges for late payments continually.
- Getting notices of overdue payments.
- Arguing frequently about money with other family members.
- Being threatened with repossession or other legal action for not paying bills.
- Getting a card advance on a credit card to pay other bills.
- Working a second job to make ends meet.
- Not knowing how much you really owe.

If several of these problems sound familiar, you may be headed for serious credit trouble. A credit counselor can help you gain control of your finances, but only if you take the initiative.

The EMT graduates (left to right), First Row: HM2 Greene, Lt. Jones, HM3 Stallworth, HA Vega, HN Medina, HM3 Abejuela; Second Row: HM3 Delosangeles, HM3 Oster, HM3 Montague, HA Munoz, HA Lozano; HM3 Anderson, HN Poff, HM3 Milton, HM1 Fernandez; Third Row: HM3 Lin, HN Arbogast, HM3 Osgood, HM3 Goodman, HM2 Harns, HN Wood, HA Weisen, HA Ryan and HM2 Johnson.

The training, according to Lieutenant Ami Jones, Program Director, prepared students to become certified through the National Registry EMT Program in addition to honing their combat readiness skills.

EMT for reservists is given once a year at the Advanced Schools

Command at Oak Knoll. The 17 day course covers a gamut of medical emergency matters such as patient assessment, anatomy and physiology, burns, ambulance operations, OB and pediatrics, and trauma cases, to name a few.

"It's an excellent class to learn emergency skills," said Lt. Jones.

Do you know . . .

The number of dependents of active duty military personnel living overseas? about 400,000

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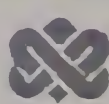
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Nursing



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Dietitians

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AA/EOE

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EOE/AA

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NorSports

INTRAMURAL SOFTBALL STANDINGS AS OF AUGUST 17

Team	W	L	PCT	GAMES LEFT
OR	19	2	.900	3
PT	19	3	.864	1
Misfits	17	2	.895	4
GEOCOM	15	5	.750	3
Snerfs	15	6	.714	2
Master Batters	14	7	.667	2
E Club	10	10	.500	3
Radiology	9	12	.428	2
PMT School	5	15	.250	3
CPO	2	19	.095	2
PEDS/OB	1	21	.045	1

**Top eight teams qualify for post season playoffs.

**The playoff games are as follows:

- No. 1 team vs No. 8 team
- No. 2 team vs No. 7 team
- No. 3 team vs No. 6 team
- No. 4 team vs No. 5 team

Navy has Olympic hopefuls

Lieutenant (junior grade) Maud-eva Jackson won three gold medals breaking previous Interservice Track records in the 100M, 200M and 400M.

Fire Control Technician First Dave Butler and Master-at-Arms First Robert Hermann took double gold in the (Greco-Roman and Freestyle) Wrestling Championships at Ft. Campbell, Ky. Petty Officer Butler won gold in the final Olympic trials and is a member of the USA Wrestling Team which will compete at Seoul.

Lieutenant Brian Ledbetter will represent the United States in Finn Class Sailing competition at the Olympics.

The Navy has several Olympic hopefuls still competing for a spot on their respective Olympic team: Basketball - Ensign David Robinson; Cycling - Lt. (j.g.) Robert Bobrow and Signalman First Luis Lastra; Rowing - Lt. John Walters and Ens. Michael Gaffney; Swimming- Ens. Rich Hughey and Electrician's Mate Fireman Robert

McAdam; Bowling ('88 demonstration sport) - EM1 Dennis Hacker.

"Rush hour: that hour when the traffic is almost at a standstill."

—R.B. Morton, British humorist



GEOCOM's new CMC

Continued from front page

following completion of Field Medical Service School there. Subsequent assignments included tours of duty with the Third Marine Division and First Marine Division Reconnaissance; Naval Hospital, Oakland where he worked extensively in the Navy Prosthetics Research Laboratory; aboard USS Douglas (PG-100), USS Dixon (AS-37) and USS Nathan Hale (SSBN-623) Blue Crew; Naval Submarine Base, Bangor, Wash; and back onboard nuclear-powered submarines USS Nautilus (SSN-571) and USS Casimir Pulaski

Naval Guild to host Orientation Brunch

The Oak Knoll Naval Guild is hosting an "Orientation Brunch" on Sept. 8.

The orientation begins at 10:15 a.m. in the Clinical Assembly of Naval Hospital, Oakland. A tour of the hospital will follow. The luncheon starts at 11 a.m. in the courtyard of the Officers' Club.

For further information and reservations, contact Ms. Terri Turk at 769-2980. Reservations are due by Sept. 6.

(SSBN-633) Blue Crew.

Master Chief Stewart next reported to the branch clinic at Mare Is. where he was advanced to Senior Chief in July 1984. He was promoted to his current rank in April 1987 while assigned as the Command Master Chief at Naval Medical Clinics Command, San Francisco.

According to the Master Chief, the construction of the branch clinic in Mare Is. was his most challenging assignment.

"We had so many problems with construction coupled with researching, ordering, receiving, storing and installing over \$1.5 million worth of furniture and equipment," he said. "It was definitely a challenge."

During his career, the master chief earned five NEC's: Nuclear Submarine Medicine Technician, Medical Field Service Technician, Radiation Health Technician, Advanced Hospital Corpsman, and

Orthopedic Cast Room Technician. On the civilian side of his education, he's only a few credits shy of a Bachelor's Degree.

Master Chief Stewart wears the Navy Commendation Medal, Navy Achievement Medal, Combat Action, Navy Unit Commendation, Meritorious Unit Commendation, Navy "E", Good Conduct (fifth award), National Defense Service Medal, Vietnam Service Medal, Sea Service Deployment, Republic of Vietnam Gallantry Cross with palm (unit), Republic of Vietnam Civil Action (unit) and Republic of Vietnam Campaign.

Off duty, Master Chief Stewart enjoys golf, woodworking and keeping physically fit by staying active in sports. He and his wife, the former Donna Lee Wright of Garden Grove, Calif., live in base housing on Mare Is. with their three daughters, Michelle, Jennifer and Kelley.

Reel Business



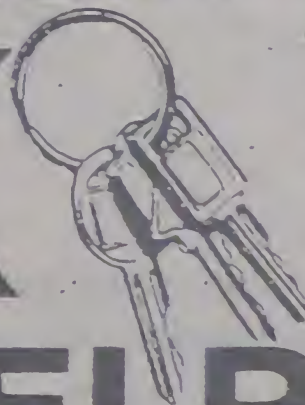
The Blob

Shawnee Smith as Meg Penny and Kevin Dillon as Brian Flagg on the brink of destruction by "The Blob," a science-fiction thriller about a malignant life form that crashes to earth in the cozy, rural town of Arborville. Untroubled by conscience or intelligence, the Blob does only one thing, and it does very well. It eats anything that moves. This year marks the 30th anniversary of the original "Blob's" release. The movie, currently shown at a local theater near you, promises to be more loathsome than ever with visual effects so startling and dramatic that moviegoers will be glued to their seats. It's rated "R" and the running time is 95 minutes.

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Good morning

"To err is human but to really foul things up requires a computer."

—Paul Ehrlich
American scientist

NORWESTER

The Voice of the Naval Medical Command, Northwest Region

GEOCOM's CMC

Stewart speaks his mind

"I will talk from the heart and will tell things the way I see them . . ."



HMCM Michael Stewart

(Editor's Note: Many neophyte sailors often feel left out of the policy making aspect of the Navy, wondering where they fit in or if they have any say at all on what's going on. The sentiment is understandable, but there's no need to dwell on this feeling because as everyone knows every command in the Navy has a Command Master Chief who represents the enlisted community in the upper echelon. And in the Naval Medical Command, Northwest Region, we are indeed fortunate to have Master Chief Hospital Corpsman Michael Stewart as our "voice" in the decision-making process. He says every enlisted person in the region counts. To find out just how much he cares for us and what his programs are to improve our lot, JOI Dan Guiam (who's also your editor) met with him and conducted the following interview.)

NORWESTER: What are your short and long term goals to promote the welfare and efficiency of the enlisted community as the Command Master Chief for the Naval Medical Command, Northwest Region?

MASTER CHIEF STEWART: The first thing I have to do is get out and meet the people throughout the region, and find out what their needs and concerns are. For example, I need to know if they live in adequate housing, what are we doing to increase advancement opportunities, or what can we do to increase job satisfaction, to name a few. These are short term goals. Long term goals involve finding ways to fix whatever their needs are.

NORWESTER: And what do you think is of the utmost concern to our people?

MASTER CHIEF STEWART: Recognition!!! People want to feel like seniors know they are contributing to the team.

NORWESTER: What do you foresee as stumbling blocks toward achieving your goals?

MASTER CHIEF STEWART: I can't really answer that question until I find out what the real problems are. I don't anticipate any stumbling blocks because I'm confident we can put our heads together and come up with a solution.

NORWESTER: What are your expectations of E-5 and above personnel or people in the supervisory level?

MASTER CHIEF STEWART: I expect them to do the absolute best they can and not accept complacency. We should never stop trying to be the best we can. The number one role of senior petty officers is to train a junior person to replace them. They need to ask themselves, "If the third class or E-3 that works for me was a first class or chief today acting just like me, would I be pleased with his or her performance? If the answer is "No," then the first class or chief has to go back and reevaluate his or her own performance and do something to fix that because the junior people look to the senior people for guidance and example. And therefore, that guidance and example better be good.

NORWESTER: What about junior personnel or subordinates?

MASTER CHIEF STEWART: I think junior people are in a place in today's environment where they are exceptionally smart, and you can't snub them. They won't take an off-the-cuff answer. Most are trying to better themselves. They're trying to get ahead. They don't want to just sit by and watch the world go by. They

Continued on page 6

Familiarization tour of dental commands

O'Shea visits Bay Area

Rear Admiral Edward J. O'Shea, DC, the senior Naval Reserve dental flag officer, recently visited the Bay Area on a familiarization tour of the Navy branch dental clinics and commands there. He also met with reserve personnel in the dental field attached to RED-COM-20 (Naval Reserves Readiness Command Region 20) to find out what their needs and concerns are.

During the Admiral's visit, he met with Rear Admiral David Lichtman, Commander, Naval Medical Command, Northwest Region. Captain Donald Antrim, the region's Chief of Staff for Dentistry and Commanding Officer of Naval Dental Clinics Command, San Francisco, gave him a command presentation at Naval Dental Clinic, San Francisco.



Rear Admiral Edward O'Shea

Included in the Admiral's itinerary was a visit to the panoramic X-ray depository at Monterey, which served as one of the highlights of his tour in the area. Commander T. Hill, DC, the Branch Director at the Monterey Naval Post Graduate Branch Dental Clinic, gave him a tour of the school and dental clinic

as well.

Rear Admiral O'Shea was commissioned an Ensign in 1955 at Georgetown University Dental School. He was promoted to the rank of Commodore in January 1983 and assumed duties as Monitor for Dental Programs in the Eastern U.S. and Atlantic, as well as member of the Commander Naval Reserves Force Medical Flag Council. In August 1986, he was selected for his second star (upper half) and assumed responsibility for the Western U.S. and Pacific Programs 5, 7 and 32 as Commanding Officer for the mobilization billet, Naval Reserve Dental Corps, San Diego.

Admiral O'Shea has been in private orthodontic practice in Southampton and Setauket, N.Y. since 1960 in association with two former naval officers.



Great America invites everyone to command picnic

Great America cartoon characters recently visited Oak Knoll to promote the command's picnic on Saturday, September 24. While in the area, the "funny creatures" also seized the opportunity to entertain patients at the hospital. Above: Captain John Bouvier, Executive Officer, Naval Hospital, Oakland and Commander William Lonon, the hospital's Surgical Services Director, get a friendly hug from the critters. Below: Ms. Ira Anderson of GEOCOM's Budget Office laughs hysterically when one of the characters gives her a tiptoeing handshake.

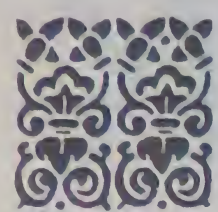


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the Chaplain's Corner

Never Give Up

by Lt. Julie Schwartz, CHC

One more time. Again the baby pulls himself up and lurches forward. Balancing, tottering, arms swinging wildly, he answers triumphant to his goal—the chair. And again he thumps back down on his bottom. Then after a moment's pause, he is up again. He will try one more time.

Somewhere, sometime ago, most of us adults lost that special skill that every baby possesses. We rarely keep trying after a failure. While we urge children to "try, try again" we usually quit if the effort becomes too difficult. Adults are notoriously poor students for that reason—we hate to get any answer wrong. So we stop trying and learning and growing. And it shows.

There are good reasons for forgetting how to try and how to fail. We are embarrassed. We have an image to maintain. Perhaps old voices speak to us of old failures and shames. It is certainly safer to stick to the normal routine and even challenge oneself. But then we are cheating our Divine Creator.

We have been created with abilities and skills of which we can't even dream. Scientists state that we use only a fraction of our brain. There are wonderful secrets hidden within our bodies—in the power of our brains, the strength of our limbs and the compassion of our hearts. When we stick with the common we limit the tremendous gifts of our creation.

Has God created us in vain? If we do not try then we are surely not using God's gift properly. A line from Jewish prayer states, "How manifold are your gifts O Lord, in wisdom you have made them all." Faith in God demands faith in the wisdom of creation and the imperative to employ ourselves to our fullest. Let us return to a state of infancy in God's care. Then we shall trust the Lord to love our small failures and relearn the skill of trying.

Up-Close

Lt. j.g. Ken Burger, MSC Physical Therapist



(Photo by JO1 Dan Guilm)

Date joined the Navy: August 8, 1986

Command: Navy Branch Medical Clinic, San Francisco

Workcenter: Physical Therapy Department

Job description: Evaluate and prescribe appropriate treatments for patients with various orthopedic and neurological dysfunctions.

The most challenging aspects of my job are: meeting the multiple demands of evaluating and teaching patients, administrative responsibilities and providing education for the staff and patients as well.

Hometown: Pequannock, N.J. — about 45 minute drive from The Big Apple

Hobbies: Skiing, golfing, sailing and flying (licensed private pilot)

Likes: Snow, strawberries, music by Bruce Springsteen and Billy Joel

Dislike: Paperwork

Role model/heroes: Jesus Christ — To be Christ-like is the ideal that every Christian should strive toward.

If I would do it over again, I'd: learn to play the piano, otherwise I wouldn't change a thing.

I respect myself for: not being a quitter. I always try to do my best, and when I fail, I learn from my mistakes — I don't give up.

My immediate goal is: develop my skills as a physical therapist and as an officer.

'HIV/deployment' issue clarified

There is no requirement to have a negative HIV (Human Immunodeficiency Virus) test result within six months of a deployment nor it is necessary for units to wait for HIV test result before deploying.

NAVOP 005/88 directed that all Navy personnel are required to be tested for HIV in the 1988 Fiscal Year. Because of misinterpretation of testing policies, NAVOP 100/88 clarifies HIV testing and deployment.

Under the NAVOP, active duty members receiving permanent change of station (PCS) order to CONUS deployable unit must be tested for HIV before transferring and have the results documented, if possible. If the results are not available before the member transfers, they should be forwarded to the new duty station and recorded in the member's medical and dental files.

However, active duty members

receiving PCS orders to an overseas duty station are required to have a negative test result documented in their medical and dental records before transferring.

A valid test within six months of execution of orders will satisfy requirements for personnel being assigned to either a deploying unit or an overseas command. No HIV test is required for personnel transferring to shore duty within CONUS.

GCM now waived for 'early out'

As announced in ALNAV 094/88, personnel who elected early separation and were eligible for the Good Conduct Medal (GCM) may now receive that award.

Under NAVOP 018/88 selected personnel with an EAOS (End of Active Obligated Service) between April 1 and September 30, 1988 were required to extend or reenlist immediately for two years or be separated early. As a result, many

first-term sailors electing early separation unwittingly forfeited their GCM eligibility.

Individuals who were on their first four-year enlistment and were otherwise eligible for the GCM can now receive waivers to the active duty requirement for the medical listed in SECNAVINST 1650.1E.

Command should forward the

Good Conduct certificate and medal to eligible former service members and ensure correction are made to that member's DD Form 214 or 215 in accordance with NAVMILPERSCOMINST 1900.1B. If there's a question regarding eligibility, service records may be requested from COMNAVILPERSCOM (NMPC 036) within the six-month period following separation.

Send Brenda Zajac to the Olympics

by Andy Coffey

William Faulkner, a famous American novelist, said that man will not simply endure, he will prevail.

Jim Zajac is a Vietnam veteran who lost both legs to a landmine. He took up wheelchair racing for a time, but now coaches others in a sport that asks all that a human mind and body can give.

His wife, Brenda, is Jim's star pupil. She is a world class wheelchair racer and a world class act. Together, they have lived the American dream and seen that dream turn to reality by the sweat of their brow.

In 1980 Brenda was in an automobile accident that left her paralyzed from the chest down. She was 19; pretty; her life stretching before her with all the promise and mystery of youth untried.

In 1982, looking for ways to exercise her paralyzed body, she discovered wheelchair racing and eventually met her husband Jim.

Eight years after her accident, Brenda holds U.S. records in her class in the 100-, 200-, 400-, 800- and unbelievably grueling 1,500-meter distances. She placed third in the Boston Marathon and has won a flock of lesser races. She is among the elite wheelchair athletes in the world.

Brenda has a goal. It is to represent the United States and compete at the Summer Olympics in Seoul, Korea. For only the second time in the history of the Olympic Games, wheelchair exhibition events will be included in the Olympic program. She just finished fourth in the U.S. Olympic trials qualifying her to compete in Brussels, Belgium against the best in the world for one of ten spots in the Olympic Games.



Brenda Zajac needs your support to compete at the Summer Olympics.

Wheelchair racers and legless Vietnam vets don't make alot of money these days.

Contributions on behalf of Brenda Zajac, to help her go to Brussels and Seoul, can be made to the National Wheelchair Athletic Association, 3617 Betty Drive, Suite S, Colorado Springs, CO 80907.

Look at her face. Not at her wheelchair. She's a winner!

Personnel Note

Moving can be a traumatic experience, especially when personal items are lost or damaged. When this occurs, service members and civilian employees must file their claims within 70 days of moving or risk losing reimbursement.

In the past, members filing after the 70-day period lost 50 percent of the amount that is collected from the mover. As of July 1, 1988, members may lose 100 percent of that amount.

Members should automatically receive from the mover a notice of loss or damage (DD1840-R) Form when the household goods are delivered. See ALNAV 106/88 for more information.

NORWESTER

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Commander

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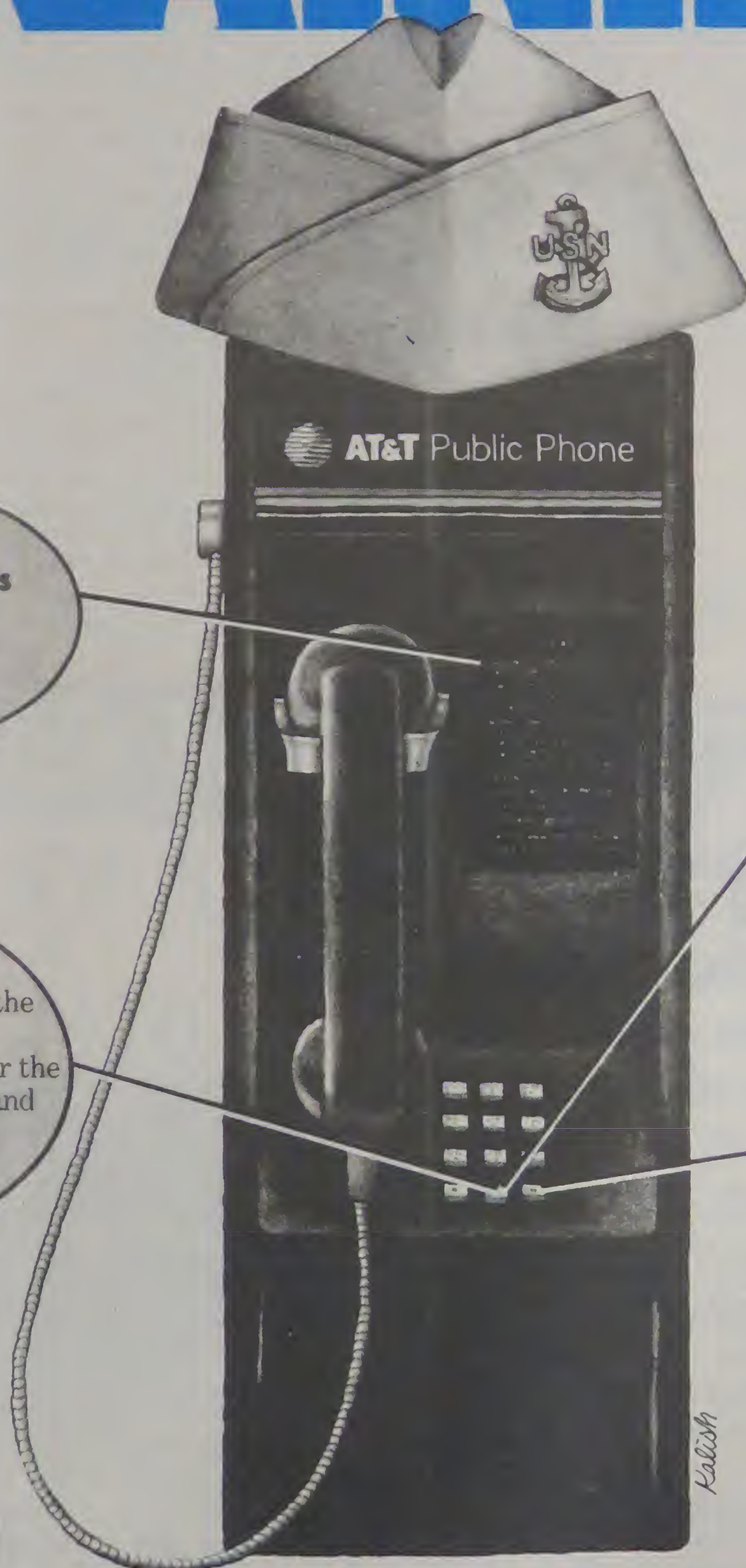
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The right choice.

Ghent is GEOCOM's new ACOS for logistics

Story and photo by
AN Debbie Davis

As the new Assistant Chief of Staff for Logistics, Naval Medical Command, Northwest Region, Commander E. R. Ghent plans to "put a people oriented feel" to the field of logistics.

"After 24 years in the Navy, mainly in the area of patient services, I feel I have a lot of insight into the human side of problems," he said. "I believe I can help by going directly where the problems are, on a one-to-one basis."

Provides direction

On the job, Cmdr. Ghent provides direction to the oversight and coordination for all logistical areas throughout the Northwest Region. For the uninitiated the term logistics encompasses mainly material, equipment, physical security, MWR and facilities management.

"For example, we offer technical assistance to commands for facility



Cmdr. E.R. Ghent

upgrading, new facility projects, and equipment purchases. Our regular inspection of all regional facilities provides on sight advice and assistance to the local Commanders.

In-depth involvement

A native of Milford, Connecticut, Cmdr. Ghent reported to his current

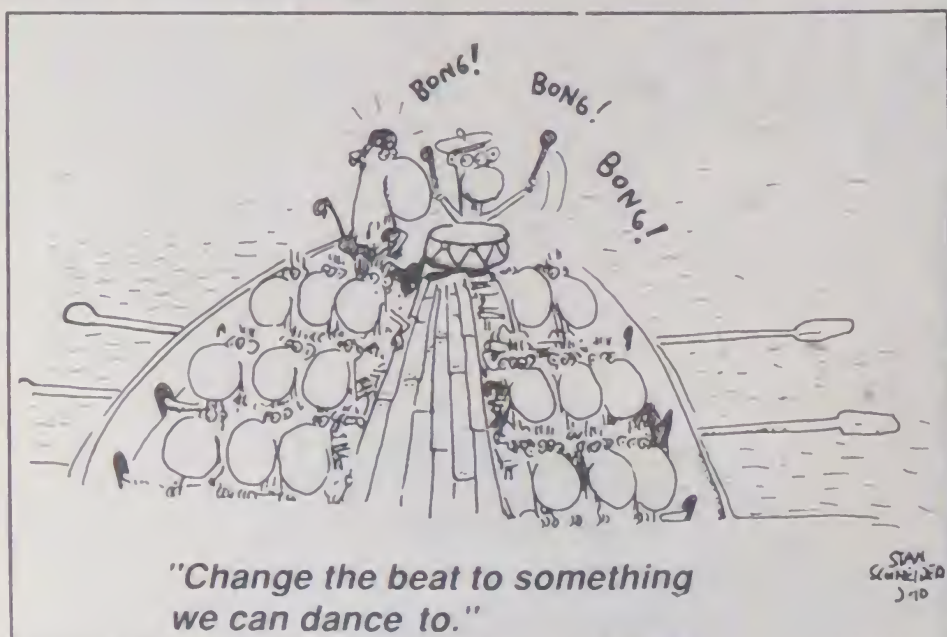
position from the Naval Medical Clinic New Orleans where he was the Executive Officer, for four and one-half years. He relieved Lieutenant Commander James Barret, who has been acting ACOS for Logistics for the past six months.

"I'm excited about my new job," said Cmdr. Ghent. "This is my first in-depth involvement in the field of logistics and I like to be thought of as someone having a true concern for the people who support our patients." My code has an outstanding staff who are experts in their fields. Through their knowledge and my direction we can really be of assistance to the many commands we support.

Cmdr. Ghent's previous assignments include tours of duty as Director of Administrative Services for Naval Hospital, Roosevelt Roads in Puerto Rico; administrative Officer, Occupational Health Service, Naval Medical Clinic, Portsmouth, New Hampshire and Administrative Officer, Branch Medical Clinic, Sigonella, Sicily.

"Serving as the patient coordinator during the Grenada Operation is one of my most memorable assignments in the Navy," said Cmdr. Ghent. "My tour, as an Executive Officer, was a real challenge. And I am grateful for the experience." I spent my off-duty time in New Orleans teaching as an Associate Professor of Business for Northwood Institute.

Cmdr. Ghent is married to Marie-France, who teaches French and English, and they have a son, Mark, and a daughter, Kelly.



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Preventive Dentistry - the key to a nice smile



by Lieutenant Commander Carlton D. Cherry, DC

Preventive Dentistry is the force behind the new image of dentistry today. With the increasing emphasis on prevention in the field of dentistry, the U.S. Navy Dental Corps is committed to the preventive dentistry program. It is our goal to inform patients of the many ways to prevent the disease which does or may affect them. This is done by teaching methods by which the disease may be controlled and attempting to provide motivational means to communicate this philosophy.

What is preventive dentistry? Right now, we know how to control dental caries (decay) and periodontal (gum) disease. What seems to be less known is how to turn this knowledge into practice by our patients. Preventive dentistry, therefore, provides an avenue by which our patients are made aware of the methods used in preventing diseases of the oral cavity. As a result, these techniques insure good oral health and improve dental operational readiness.

Your personal preventive dentistry program should consist of an annual dental examination, teeth scaling and polishing, fluoride application and oral hygiene instructions. Many times during an examination, potentially serious problems are discovered and subsequently may be treated. Home care should consist of a thorough brushing with a toothpaste containing fluoride at least once a day. Dental floss can be used to remove plaque from between teeth. The intake of cariogenic (high sugar) foods should be kept low.

Pit and fissure sealants are effective in helping control dental cavities in children 5-13 years of age. Newly erupted permanent first and second molars are the primary candidates for this treatment. This procedure consists of applying a liquid material that seals the grooves and pits of the tooth that are more susceptible for developing cavities.

By understanding the concepts of preventing oral disease, our patients can make a clean mouth and nice smile their own personal goal.

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"Fair winds and following seas . . ."

Commander Suzanne Moser is greeted by well wishers during a recent farewell ceremony in her honor. The former Education Officer for the Naval Medical Command, Northwest Region was presented with a Letter of Commendation for a job well done by Admiral David Lichtman, the region's Commander. Cmdr. Moser is heading to the Naval School of Health and Sciences, San Diego for her next assignment.

CPSC championships announced

Singles Horseshoes Competition

This event will be hosted by Naval Station Mare Island on Saturday, September 24 at 10 a.m.

Entries and berthing requests must be forwarded no later than September 19 to the Tournament Director, Mr. Jim Gass, CPSC Athletic Director, Naval Station Mare Island, Vallejo, Calif. 94592-5000. Or you can give him a call at (707) 646-3436/4289 or Auto-von 253-3436/4289.

The tournament will be singles competition only and will be a round robin event. Each command may enter four participants.

Participants must furnish their own horseshoes.

Triathlon

This event will be hosted by Naval Air Station Alameda on Saturday, September 17 at 10 a.m.

The following order of events will be contested:

1. 2 kilometer swim
2. 20 kilometer bicycle
3. 10 kilometer run

Participant must register with the tournament director at the NAS Alameda gymnasium no later than 9:30 a.m., Sept. 12 and must furnish their own bicycle and related equipment.

Entries and berthing requests must be forwarded no later than September 12 to the Tournament Director, Mr. Bill Wyant, Athletic Director, Naval Air Station Alameda, Calif. 94501. His telephone is (415) 869-2365; Auto-von 686-2365.

Soccer

This event will also be held at the Naval Station Mare Island on September 10-11.

A double loss elimination type tournament using FIFA rules will be in effect. Thirty minute halves will be played with unlimited substitutions.

Commands are requested to forward entries and berthing requests to Mr. Jim Gass, Naval Station Mare Island's Athletic Director.

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Stewart speaks his mind

Continued from front page

want leaders to help and teach them. And I commend them for that.

NORWESTER: What is then the best way to motivate junior personnel?

MASTER CHIEF STEWART: I'm convinced that a leader can't motivate a subordinate by threat or coercion for very long. That is really short-lived. We must let juniors grow. If a leader doesn't listen or accept ideas of subordinates, they will stagnate their growth. I feel some of our junior personnel out there have probably got some good ideas to make the Medical Department better. We have to take the time to stop and listen. We must work hard to create an environment for folks to motivate themselves. That's what really lasts—self-motivation.

NORWESTER: What is your advice to those who want to get ahead in the Navy?

MASTER CHIEF STEWART: Self-motivation!!! As you know advancement is tough right now. On the last exam cycle, only 100 people were advanced to HM1. If I was an HM2, I would find one of those people and find out what they did to make it. You have to have the desire to get ahead and be willing to settle for nothing short of your goal. Again, self-motivation.

NORWESTER: There have been complaints from among DEPMEDS personnel in the region that they are not properly being utilized as far as job specialty or assignment is concerned. For example, it's not so unusual to see a Lithographer's Mate standing guard duty or a storekeeper dispensing medicine. Isn't that a case of stifling their growth and competitiveness in the advancement ladder?

MASTER CHIEF STEWART: The question about the utilization and training of our non-medical people is a good one and one that bears some studying. I don't have a good answer for you today on how to help them advance. I do know we are taking a hard look at the whole issue and plan to do whatever is possible. They are valuable to the Medical Department and we can't allow stagnation.

NORWESTER: What are some of the program you plan to embark on in behalf of the enlisted community in the region?

MASTER CHIEF STEWART: I think Master Chief O'Daniel and the other Command Master Chiefs in the region have started some super programs like Sailor of the Quarter and Sailor of the Year. The Sailor of the Year for the entire Medical Department came from this region I want to build on these programs. We are currently developing an Annual Leadership Program to recognize our outstanding E-7s and E-8s. Possibly a Bluejacket of the Year for E-1 - E-3's. I would love to see some cross-decking with the fleet and other services for short periods of time. I'm also looking into the feasibility of a Medical Department Olympics where commands have teams and compete in a one or two-day series of events involving medical/dental skills. We need to make the Medical Department so appealing that people won't have to look anywhere else for job satisfaction.

NORWESTER: And finally, how would you like to be known as a leader in the region?

MASTER CHIEF STEWART: That really is a hard question. That's like asking "What do I want written on my tombstone?" I guess my first thoughts are that I would like people to remember that I really care about our sailors and the issues that concern them—things we have already talked about; quality of life, job satisfaction, advancement. It's important for me to be an extra set of eyes and ears for Admiral Lichtman to help him make this region, which already has a great reputation, the standard by which the rest of the Medical Department measures itself.

NORWESTER: You're quite young for the rank and delicate billet you now hold. Have you ever run into people who don't take you seriously?

MASTER CHIEF STEWART: Yeah — my wife and three daughters. Seriously I'm very aware that "to whom much is given, much is expected." I am very fortunate to have the help of our echelon 4 Command Master Chiefs, who are some of the best in the Navy. I also know that some may think a 38-year-old is too young. Hopefully in a very short period of time my track record will speak for itself.

NORWESTER: What if you don't have the answer to the problems of our people?

MASTER CHIEF STEWART: One of the things people need to know is that I'm going to be completely honest. I will talk from the heart and will tell things the way I see them. If I don't know the answer I'll say no. I'll then try to find the answer or someone who does know, and get back to them.

NORWESTER: But how accessible are you going to be?

MASTER CHIEF STEWART: Very — however I will ask if the person's Chief or First Class knows about the problem. In other "Have you used the Chain of Command?" I'll encourage the use of the chain so that the LPO or Chief has a chance to solve the problem and doesn't get end-run.

NORWESTER: How often will you be visiting commands in the region?

MASTER CHIEF STEWART: As often as I can. I'd like to visit each Echelon 4 at least quarterly and each Echelon 5 at least semi-annually. We have 43 facilities total that covers 13 states. That's a lot. Each command is unique and has some great ideas that can be shared. To do justice to this job I must travel and I look forward to doing that.



Clockwise: Mrs. William O'Daniel, wife of GEOCCM's former Command Master Chief, is lauded by Admiral Lichtman; Master Chief O'Daniel and Stewart exchange well wishes and congratulations; Command Master Chiefs representing various commands in the region are gathered for the occasion; the honored master chiefs are piped over the side as they leave the ceremonial grounds for a new chapter in their career.

Photos by
JOC Mike McCougan
and
JO1 Dan Guiam



Highlights:

CMC change of office

Quit Smoking: help is available

by Liz Noland

WASHINGTON (NES) . . . Put snuff between toes. Suck on a carrot stick. Take frequent showers. Smoke an excess of cigarettes. Get teeth cleaned. This isn't an eccentric's list of things to do; it's a list of suggestions to help smokers kick their habit.

Smoking remains as deadly as ever and is becoming increasingly unpopular. The dangers of smoking have been discussed for years, so if you're still lighting up you either can't quit (never say can't) or don't want to. As the number of places diminish where smokers can indulge their vice, so does the enjoyment that they once felt worth the risk.

The changing climate toward smokers provides would-be non-smokers two advantages: Many employers will sponsor smoking cessation clinics and, since so many places have banned smoking, avoiding smoke while quitting is fairly easy.

A 1987 Navy study showed 44 percent of its members smoked. If you're one of them, and still reading this article, chances are good you're at least mildly interested in changing your status. If so, the local naval medical treatment facility or the Family Service Center can help, either through their own programs or by referral.

Nicotine is addicting, and most people need help to break that

addiction. Hence, all the tips on how to do it. And everyone's different. Some people can simply say, "I quit," put out their cigarette and never smoke again. To those of us who go through withdrawals, backsliding and ceaseless craving, those people who quit so easily are disgusting. And enviable.

Some smokers opt for an "easy" way to quit that's akin to "easy" credit — not a great idea. Smokeless tobacco satisfies the smoker's need for nicotine and gives the illusion that the person's put aside the "evil weed." Unfortunately, that person's mouth will know better: Smokeless tobacco can cause cancer and a number of noncancerous oral conditions. Lt. Cmdr. Rod Fierek, of NMPC's Health and Physical Readiness Office, said, "It is critical that we avoid the tragic mistake of replacing the ashtray with the spittoon."

But what do you replace the ashtray with? If it's a plate of food, make it a salad plate of celery, carrots and other low-calorie fare. Cut up in sticks, vegetables can also make your hands feel less empty, and abstaining smokers shouldn't be surprised to discover they're holding a piece of celery like a cigarette or trying to take a drag off a carrot. Cinnamon sticks are an exceptionally good substitute because you can actually draw air through them.

Staying in control when your body craves a cigarette — weathering a nicotine fit — is an ultimate test for quitters. To help deny the urge, the American Cancer Society's Fresh Start program suggests turning to the Four D's: Delay, Do something different, Deep breathing, Drink water. If none of that works, and you have a smoke anyway, don't give up. Becoming a quitter is hard work, but the longer you delay lighting up, the closer you come to riding out the need for a cigarette. And the more times you're successful, the closer you are to staying quit.

One of the first things you do in Fresh Start is pick a quit date and then work up to it, either psychologically for a cold turkey approach, or by a schedule of cutting back on the number of cigarettes you smoke each day for the gradual approach.



Classifieds

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EOE/AA

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(503) 271-2171**

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KITTITAS VALLEY COMMUNITY HOSPITAL
603 South Chestnut
Ellensburg, WA 98926
or call 509-962-9841
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Federal Bureau of Prisons
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P.O. Box 3007
Terminal Island,
CA 90731-0207
(213) 831-8961,
ext. 432/416/496
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- *Medical/Dental Benefits
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at Tehachapi tests for the following positions on an as-needed basis, throughout the year:

- PHYSICIANS/SURGEONS
- PSYCHIATRISTS/PSYCHOLOGISTS
- REGISTERED NURSES II
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THESE POSITIONS ARE OPEN TO WOMEN AND MEN.

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**C.C.I.
Personnel Office
P.O. Box 1031
Tehachapi, CA 93561**

You will be notified when to apply for the next available exam. C.C.I. encourages women and minorities to apply.

AA/EOE

NURSING

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\$20,208-\$25,032

*PHARMACIST

\$38,280-\$47,424

*RADIOLOGIC TECHNOLOGIST

\$26,196-\$32,460

*CLINICAL LAB TECHNOLOGIST

\$29,088-\$36,036

*CHIEF PHYSICAL THERAPIST

\$32,796-\$40,620

*PHYSICAL THERAPIST

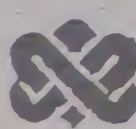
\$29,832-\$36,948

*NURSE ANESTHETIST

\$41,868-\$51,876

For detailed job description call the Hospital Human Resources Department at (408) 757-0580. For prompt consideration send resume & cover letter in confidence to: Joseph Ringrose, Human Resources Manager, Natividad Medical Center, P.O. Box 81611, Salinas, CA 93912-1611. AA/EOE.

Nursing



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CCU

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Part time days, PMs and On Call, Telemetry preferred.

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COOKS/COOK SUPERVISORS

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If you are separating from the military during the upcoming year, and qualify to fill any of the above positions, send completed state application form #678, (include your discharge date on form), available at state offices to:

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PERSONNEL OFFICE
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AA/EOE

O.T.R

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NorSports

Oak Knoll to host CPSC 10K Cross Country

The Central Pacific Sports Conference 10K Cross Country Championships will be held at Naval Hospital, Oakland on Saturday, October 1 at 10 a.m. Commands in the region may enter an unlimited number of teams. Team scores will be determined by totalling the points scored by the first five members of each team that finish the event for the Men's Open Division and the first three members for the Women's Division.

Participants must register with the race director no later than 9:30 a.m. on Saturday, October 1, 1988 at the Naval Hospital, Oakland tennis court parking lot.

Individual awards will be provided to the top five places in the Open Division, the top four places in the Senior Division and the top four places in the Women's Division. To compete in the Men's Senior Division, participants must have reached their thirty-fifth birthday on or before October 1, 1988.

Individuals desiring berthing accommodations are asked to contact Mr. Ron Brown, Special Services Director, Naval Hospital, Oakland at (415) 633-6014 or Autovon 855-6014.

OPERATING ROOM SUPERVISOR

Seeking experienced Operating Room Supervisor with strong interpersonal skills to manage 8-room O.R. Need current California nursing license. Bachelor's degree and O.R. certification preferred. Minimum of 1 year clinical and 1 management experience in O.R. required.

PSYCHIATRIC SUPERVISOR

Requirements: CA license, BS degree & 3 yrs. nursing experience with at least 1 yr. in psychiatric care.

We accept resumes from Staff RN's on a continuing basis.

BROTMAN MEDICAL CENTER

For further information, please contact Nurse Recruitment, 3828 Delmas Terrace, Culver City, CA 90230 or call (213) 836-7000, Ext. 2009.
EOE

OPERATING ROOM SUPERVISOR

Seeking experienced Operating Room Supervisor with strong interpersonal skills to manage 8-room O.R. Need current California nursing license. Bachelor's degree and O.R. certification preferred. Minimum of 1 year clinical and 1 year management experience in O.R. required.

PSYCHIATRIC SUPERVISOR

Requirements: CA license, BS degree & 3 yrs. nursing experience with at least 1 yr. in psychiatric care.

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*Med/Surg 11 pm-7 am *Rehab 11 pm-7am

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*Diabetes Nurse Educator Part time

We accept resumes from Staff RN's on a continuing basis.

BROTHAM MEDICAL CENTER

For further information, please contact Nurse Recruitment 3828 Delmas Terrace, Culver City, CA 90230 or call (213) 836-7000, Ext. 2009.

EOE

Nursing

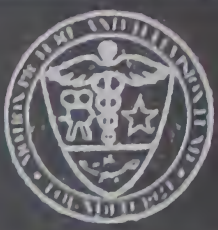
RN'S/LVN'S

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We are currently recruiting for RN's (Med/Surg) and LVN's (SNF). Both positions have full-time/part time and per diem positions available, all shifts.

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HEALTH CENTER**
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Waianae, HI 96792
808-696-5566

PT Intramural Softball League Champion

TEAM	WINS	LOSSES	PCT.
1. PT	20	3	.869
2. OR	20	3	.869
3. Misfits	19	4	.826
4. GEOCOM	17	6	.739
5. Snarfs	17	6	.739
6. Master Batters	15	8	.652
7. E Club	11	12	.478
8. Radiology	10	13	.435
9. PMT School	6	17	.261
10. CPO	3	20	.130
11. PEDS/OB	1	22	.043

PLAYOFFS (For individual trophies)

1. PT
2. OR
3. GEOCOM

FINAL STANDINGS—WEDNESDAY NOONER MIXED BOWLING LEAGUE

TEAM	WINS	LOSSES	PINS	HGS	HSS
1. Lab	48	24	23234	501	1399
2. DRABT	41	31	23868	512	1428
3. Pin Busters	36	36	23604	538	1458
4. CPO #2	34	38	23331	512	1413
5. CPO #1	30	42	26019	584	1687
6. Silver Bullets	27	45	21384	506	1381

League Awards Based on 21 Games Bowled

High Average Male:		Female:	
Harvey Wehry	- 175	Sonia Montgomery	- 122
Ed Newsome	- 167		
Tom Bukszar	- 164		
High Game Scratch		Sonia Montgomery	
Harvey Wehry	- 124	- 124	
Tom Bukszar	- 224		
Jim Gill	- 222		
High Game HDGP		Sonia Montgomery	
Bernie Bernardino	- 270	- 262	
Tom Bukszar	- 258		
Joey Medina	- 255		
Dave Beck	- 255		
Most Improved		Bernie Bernardino - +10	
Most Inspirational		Dave Sego	

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These are Part-time or Full-time opportunities in our hospital based clinic. Reedsport is surrounded by the Pacific Ocean, forests, lakes and streams. It offers camping, fishing, hiking and other recreational sports. Close to coastal ranges and many other natural wonders that can only be experienced by residents.

So if you enjoy the serenity and comfort that a small friendly community can offer, and the beauty of the Pacific Gold Coast, then we invite you to become a vital member of our community. Please send C.V. to

PERSONNEL DEPARTMENT, LOWER UMPQUA HOSPITAL
600 RANCH ROAD, REEDSPORT, OREGON 97467 • (503) 271-2171

Good morning

Perfectionist: someone who takes great pains . . . and gives them to others.

NORWESTER

The Voice of the Naval Medical Command, Northwest Region

At Oak Knoll, effective Oct. 1

'C' schools to become new det

Story and photos
by AN Debbie Davis

On October 1 the "Advanced Schools" for Hospital Corpsmen at Oak Knoll will no longer be under command of the Naval Hospital, Oakland. The institution will officially become a detachment of the Naval School of Health Sciences, headquartered in San Diego, Calif.

Lieutenant Commander Thea Bratton, MSC, will be the Officer-in-Charge of the new detachment, and Commander Shirlee Hicks, RN, will become the "first" Academic Director of the schools. Cmdr. Hicks is currently the Department Head while the schools are in the transition process.

"I feel really excited about the change," said Cmdr. Hicks. "It will add a whole new dimension to our educational processes. It will make them more dynamic and more dedicated to the history of excellence that our schools have had for 38 years. We'll go from a study-oriented to a computerized state-of-the-art academic school."

Since 1950

Though literally the newest detachment on the compound, the "C" schools have been around since 1950. They were established to provide Hospital Corpsmen with advanced technical training and specialization to enhance their skills and expertise as healthcare providers. The schools now include only Preventive Medicine and Diagnostic X-Ray Schools in the Navy, Operating Room Technician School, and the clinical phase of

training for Physical Therapy and Nuclear Medicine.

Many significant milestones can be directly attributed to the aspirations of Cmdr. Hicks. It has been her main objective after taking charge of the separate schools on March 4, 1988 to put them all into one school system. Now her dreams have been exceeded as Advanced Schools become their own detachment. And Cmdr. Hicks forges nothing but good things in the future for the newly-created detachment.

"It should all be positive," she said. "At first there will be some turmoil but all the problems will be handled internally with the least problems filtering down to the students."

"In the long run our monies and personnel will be enhanced," she continued. "Most support will come directly from our parent command, Naval School of Health Sciences, San Diego. No longer will we have to vie for patient care dollars. We will have our personnel to staff the schools. Instructors will now be able to put their full attention toward the students and their watch duties will be after duty hours to help students who are having problems."

For a smooth transition to the schools' new status, Cmdr. Hicks in collaboration with Senior Chiefs Hospital Corpsman Dennis Kauffman, Academic Assistant, and Harvey Wehry, Administrative Assistant, and Hospital Corpsman First James Shaw pooled their efforts together to attend to the myriad of details needed in making the new detachment a reality. As Senior Chief Kauffman put it,



"We're in a shakedown period right now. We are trying very hard to identify tasks and establish procedures we need to make everything run smoothly."

Developing SOPs

HMI Shaw described some of the tasks: "We are busy developing SOP (Standard Operating Procedures), getting spaces ready and this included moving many of the classrooms from various office spaces on the compound to more centralized in Building 101."

However, Advanced Schools will still be receiving services from the Hospital after Oct. 1 as agreed upon under the terms of a Support Agreement.

"Our detachment and the hospital have agreed to mutually support each other," explained Senior Chief Wehry. "For example, the operating room technician students will stand watches in the operating room area and we will continue to use the hospital's legal service."



Above, the main building of Advanced Schools. A dedication ceremony and personnel inspection will be held on October 1 in front of the edifice to mark a significant milestone in the schools' history. The ceremony starts at 1:30 p.m. and everyone is invited. Captain Gordon Strom, Commanding Officer of Naval Hospital, Oakland, and Lieutenant Thea Bratton, the schools' Officer-in-Charge, will be the inspecting officers. Below, Commander Shirlee Hicks, the Academic Director.



Cmdr. Hicks chats with X-ray students. The Academic Director says the schools' new status will enable the staff to devote its full attention to students especially those with academic problems.



A group of OR students learning the ropes of their trade on the "job" through the support of Naval Hospital, Oakland. The hospital will continue lending support to the schools under the terms of Support Agreement.

SPECIALTY
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Fiscal year change to affect October 1 military payday

For more than a century, active duty military members were paid on the last day of the month — until a year ago when, in an effort to comply with the Gramm-Rudman-Hollings Act to reduce the national debt, Congress moved the traditional payday to the first day of the month. According to press accounts, the precedent-setting move saved nearly \$3 billion.

The payday rule of thumb remained the same: When it falls on a non-duty day, service members are paid on the duty day preceeding the weekend or holiday. The rule of thumb for end-of-month pay, however, works only 11 times a year. The one time rule fails is when fiscal years change.

Oct. 1 this year is a Saturday. But because it is also the first day

of the new fiscal year, the money to meet the active duty September payroll can't be released the preceding duty day because it is the last day of fiscal 1988. And because most financial institutions are closed on Saturdays, bank accounts normally won't be credited until Monday, Oct. 3.

Some financial institutions, however, will still credit a service members' accounts on the old payday and are likely to credit September's pay by Oct. 1. More as a "good faith deposit," a number of credit unions and banking institutions posts the deposits the day the electronic data tapes are received from the military financial centers.

The change in payday only affects the active duty force.

CHAMPUS mental health care

Procedures streamlined

The American Psychiatric Association's (APA) Office of Quality Assurance has started since August 1, 1988 handling all authorization requests for mental health care under CHAMPUS at residential treatment centers (RTCs), and all requests for waivers of CHAMPUS's 60-day yearly limit on inpatient psychiatric care.

In the past, all authorization and waiver requests were handled by CHAMPUS headquarters, in Aurora, Colo. The new review procedure will mean faster service and less paperwork, since providers of mental health care will be communicating directly with the APA.

The role of the APA in handling these requests does not involve a change in CHAMPUS policy, but is simply a more direct way of certifying the appropriateness of mental health care.

The APA will be doing "pre-admission certification" for RTC care. This means that the APA will

certify that the requested RTC care meets CHAMPUS standards and is medically necessary. Also, the APA will review requests for inpatient mental health care beyond CHAMPUS' limit of 60 days in each calendar year, and will determine whether the care meets the requirements for payment.

CHAMPUS families should be aware that, if a family member needs more than 60 days of inpatient psychiatric care under CHAMPUS in any one year, they should contact CHAMPUS claims processor or their Health Benefits Advisor for information on how the mental health care provider can request certification.

The new procedures will not apply to CHAMPUS families involved in the CHAMPUS Reform Initiative demonstration project in California and Hawaii, nor to families involved in the mental health demonstration in the Tidewater area of Virginia.

NAVCARE Clinic Briefing



Miss Charlene Fernandez, Project Manager for the newly opened Oakland NAVCARE Clinic, addresses the Town Meeting/Health care Consumers Council at Naval Air Station (NAS), Alameda recently. She made a brief presentation on what the clinic offers and how it helps improve better access to military healthcare by alleviating the problem of overcrowding at Naval Hospital, Oakland and other local military medical facilities. A question and answer period followed next. The meeting was co-sponsored by NAS Alameda and the branch clinic there under the leadership of Lieutenant Commander S.M. Astrachan. (Photo by Lt. Cmdr. S.M. Astrachan)

Observe firearm safety at all times

The following casualty report is a true account provided by the January 1988 Chief of Naval Air Training Safety Newsletter: "An E-3 was deer hunting with friends, carrying a Winchester 12-gauge shotgun with buckshot loads. He propped the loaded gun with the barrel resting on his left foot, discharging it. The injury resulted in surgery for the complete removal of his second toe

and most of his third toe. He is expected to lose 36 workdays.

This painful and completely avoidable mishap is an example of the hardest type to prevent," wrote the CNATRA Safety Officer. "The fundamental rule of never pointing a weapon at something you don't want to shoot is so basic that it is easily overlooked. A moment of inattention has marked this man for life."

Geographic Command Reorganization

by Vice Admiral James Zimble

There are a number of rumors going around about the proposed reorganization of the geographic command structure. I would like to discuss this situation for you in order to minimize the turbulence which such changes invariably bring to organizations. The contents of this message should be widely shared with our people.

As a result of our dialogue with the Line Navy and the Blue Ribbon Panel chaired by the Vice Chief of Naval Operations to study all aspects of Navy medicine, the conclusion has been reached, with which I agree, that some restructuring of the geographic commands is indicated. The objective is to put more of our people back into supporting direct medical care, and to make the most efficient use of our resources during a time when budget constraint for all defense activities is a fact of life. This change, which is now under study and has not yet been decided, will likely take the form of consolidating GEOCOM functions and reducing their number.

There are two aspects to our shortages of people and money which we must address. One is obtaining the additional assets we need by establishing requirements through the budget and personnel processes, an ongoing effort which

will continue. The other, and equally important step, is to ensure that we are making the absolute best use of our presently available people and money. This study is being conducted for this purpose, but I would add that each commander, each manager, each person in a position of responsibility at each facility must be looking at this objective on a daily basis to determine how we can do better and what we have got. There is no doubt in my mind that we can, and we must adopt the attitude of mind which both encourages and accommodates constructive change. Innovation, change and new ideas enable other health care systems to perform and survive in this challenging environment. We must be as ready to adapt as they, for the future clearly shows the need to do more with everything we have. Our colleagues in every part of the Navy and Marine Corps, and indeed the entire Defense establishment, will have to do this, and we will have to share that challenge.

As soon as the decision is made regarding the changes, I will be in contact with you without delay to lay out the full picture. In the meantime, the thing to understand is that we have a goal getting more people into our hospitals and clinics, and consolidating support func-

A New Direction— Leadership, Productivity, Personal Initiative

by Rear Admiral David Lichtman

I recently returned from a Geographic Commander's conference in Washington. I brought back with me some answers which I hope will clear up most of the rumors and speculation about our future.

The CNO's Blue Ribbon Panel on Navy Medicine has recommended a four CONUS GEOCOM concept. For us, that means we will still be in business in the Northwest Region. It does not mean, however, business as usual. We will be closely scrutinized over the coming three years to determine if we are efficiently using our resources, and effectively managing the provision of quality medical care. In other words, we will not receive more than the usual amount of resources until we prove that we are managing those we have to the maximum.

I am personally convinced that you are the best, hardest working group of people in Navy Medicine. We have to get out of the hand-wringing mode, however, and show

that we are the best. When we have convinced those who need to know that Navy medicine is exceptionally professional, then we will be in a position to tell them what we need to do the job even better. We are going to have to take a hard look at ourselves, and the way we do business. I know each of you puts out 100 percent effort, but is that effort properly directed? Are we making the best use of our time and resources? Are we documenting our efforts to justify the resources we have—and the resources we need?

It is important that we support each other both up and down the chain. We have superb leadership in Admiral Zimble and Admiral Sears. I have the utmost confidence in them, and I hope you have the same confidence in me and my staff. We are here to serve you. If we are not serving you, I need to know. Complaining unnecessarily to outsiders about Navy Medicine's leadership will not win their confidence or support. We will only



tions so that the dollars saved can be invested in improved access to care for our constituency. You should also know that no one takes organizational change lightly, and that any such change has disruptive elements involved with it, even its long term goals produce important advantages. This one is being given the very best consideration by both medical and line leadership toward making health care delivery better for all. Timing and implementation of change is also a very important part of doing it successfully and with minimum disruption to our people and our mission. Accordingly, I will keep you well informed about the changes as they develop. Ensuring that our people know the whole story, and that critical to obtaining the wholehearted support which will make this transition work.

Charlie Golf One.



succeed in strangling ourselves if we pull at opposite ends of the rope.

The winds have changed, and we are sailing in a new direction. The course is a challenging one, but as you have heard me say before, "with challenge comes opportunity." I am confident about our future because I believe in our new leadership, and I believe in you.



HA Odell lauded

Hospital Corpsman Apprentice Steve Odell gets a congratulatory handshake from Rear Admiral David Lichtman, Commander, Naval Medical Command, Northwest Region, after receiving a Letter of Commendation for his exemplary performance while assigned to the headquarters. HA Odell is now attached to the Advanced Schools as a student.

NORWESTER

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On strategic homeporting

RADM Toney clarifies status of Mighty Mo

Rear Admiral Robert L. Toney, has issued a message to update area military personnel, Navy civilian employees, and the general public on the status of the USS Missouri and strategic homeporting.

"In my travels throughout our Northern California naval commands and stations," Rear Admiral Toney states in the Admin message addressed to area commanders and commanding officers, "I receive numerous questions about the status of the USS Missouri and strategic homeporting from Navy personnel, Navy civilian employees and the general public.

"It is unfortunate that such confusion exists, but the interplay of many social dynamics, statement from proponents and opponents, and a tremendous amount of media coverage have all combined to cloud the issue."

"The purpose of this message is to update you on what I know is the current status.

"As many of you are aware, the subject of homeporting the Missouri battleship and battle group has now been placed on the November ballot in San Francisco.

"As military personnel, we are prohibited by the Hatch Act from taking an active role in any political campaign. Our position has always been and continues to be one of providing complete and accurate information to our elected officials, our employees and the general public.

"While we cannot endorse or campaign for either of these ballot proposals, we can respond when asked what would be the likely result from the particular decision

made by the people. In that regard, I would like to tell you what the Navy's position on homeporting is, and what both the Congress and the Navy will require if homeporting is ever to be achieved in San Francisco Bay."

"The congressional record of 1986 clearly direct the Navy to obtain local community contributions, or offset, before proceeding with homeporting projects. This has been accomplished at the eight other homeporting sites from New York harbor, to the Gulf Coast, to the State of Washington."

"In San Francisco, the plan for the specific local offset to be provided to the Navy was negotiated over a period of 18 months and resulted in an agreement called the Memorandum of Understanding. This agreement was passed by the San Francisco Board of Supervisors and signed by former Mayor Feinstein and myself in August '87.

"Upon taking office in January of this year, Mayor Agnos said he would not uphold or execute the MOU. Instead, Mayor Agnos presented an alternative "Land Use Plan" for Hunters Point to Secretary (William L.) Ball that did not include homeporting of the battleship Missouri but rather took approximately 400 acres of Navy land for private use and allowed homeporting of the battleship support ships on the remaining 150 acres.

"The Navy has rejected the Mayor's proposal saying that the Navy remains committed to homeporting all the ships at Hunter's Point but that for homeporting to proceed, it was essential the city

live up to its agreement with the Navy, as described in the MOU.

The City of San Francisco's local offset, provided for in the MOU in return for the Navy bringing Missouri and up to 10 other ships to Hunters Point, is minimal when compared to the offset provided by other cities involved in strategic homeporting.

"Without going into all the details, essentially San Francisco agreed to provide up to two million dollars in initial dredging and up to one million dollars per year for 20 years of maintenance dredging. Additional city contributions, con-

sisting primarily of local street and transportation improvements and job training, are more beneficial to the residents of Bayview-Hunters Point than the Navy.

"The Navy essentially agreed to bring the ships, and with the ships some \$110 million annual payroll, \$56 million annually in ship repair, and \$25 million annually in local procurement.

"Finally, in the MOU, both the Navy and the city agreed to work cooperatively in a number of areas including relocation of small businesses currently located on Hunters Point and a job training

program for Bayview-Hunters Point residents.

"With that background, one can evaluate the two proposals that will be on the November ballot:

A. Proposition "R". This measure was placed on the ballot by San Francisco Mayor Art Agnos. It asks the citizens to vote yes on homeporting of the Missouri and battlegroup ships under the following terms:

1) That the project be wholly funded by the federal government with no local offset.

2) That the Navy guarantee 351

Continued on page 9



The USS Missouri (BB-63) steams into Sydney harbor to participate in the celebration of the Australian Navy's 75th birthday in 1986. (Official U.S. Navy photo)



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-POW/MIA Recognition Day-

'There's never a bad day in the U.S.A.!

(Editor's Note: The following article is reprinted from the April 16th, 1973 edition of the Oak Leaf, Naval Hospital, Oakland's former newspaper. The hospital was one of three designated receiving centers for returning POWs captured by the North Vietnamese during the Vietnam conflict, where they underwent rigid medical screening and treatment prior to their release to civilian life or back to duty. The POWs' arrival drew so much public curiosity and media interest as well, prompting hospital officials to let returnees talk about their ordeal so the truth can be told.)

Promises were kept

"There's never a bad day in the U.S.A.," is the way Cmdr. Richard Stratton, ex-POW (shot down in 1967 while carrying out acts of an undeclared war on a combat mission over North Vietnam) concluded a press conference on March 29, 1973. The 45-minute press conference was shared by Lt. Cmdr. Rodney Knutson.

At an earlier conference, Cmdr. Stratton had promised the media that when the last man was out, he would return to tell all. On Thursday, before the news conference, Cmdr. Stratton was at Naval Air Station Lemoore at 4:30 a.m. with Air Wing Nineteen to meet his old friend Dynamite Kramer. On getting the word that the last returnee was freed, Cmdr. Stratton quickly returned to NHO to make his promise.

War crimes charged

In an emotion filled voice, he declared his intention to request the State Department to charge Ho Chi Minh, Thon Bang Gong, Bo Vinh Giap, Major Bui and the unnamed general in charge of the political department of the North Vietnam Army with war crimes perpetrated on him contrary to the United Nations Declaration of Human Rights, International Law, the Geneva Conventions and the charters setting up the Nuremberg and Tokyo Tribunals.

Lt. Cmdr. Knutson also stated that, "Never, ever" were the prisoners treated according to the Geneva Accords. He agreed that the enemy's definition of "lenient and humane treatment" was that they might permit you to live, but that everything over was just so much gravy.

Stratton's scars remain

"For any doubting Thomas, you may come and take a look," Cmdr. Stratton invited the press as he held out his arms, his hands trembling and shaking. In the strain and stress of the recall, Cmdr. Stratton did not display the relaxed coolness of his earlier news conference. (Some of his good humor was regained before the conference was over, however.)

Cmdr. Stratton stated that he was tortured in many ways, burned with cigarettes, had his nails bent back, and was kept in solitary confinement for a total of 18 months. He was harassed, put on public display and otherwise humiliated and cruelly treated by his captors. Although he landed uninjured, all the scars on his body were inflicted by the inhumane treatment of his

"Never, ever were the prisoners treated according to Geneva Accords . . ."

—Lt. Cmdr. Knutson

captors in an attempt to get him to break the Code of Military Conduct and to admit (an untruth) to having bombed Hanoi in December 1966.

At one point after shootdown, due to the cruel treatment, his right arm was the size of his thigh. Nodules appeared under his arm giving every indication of serious blood poisoning. At this point his captors transferred him to another camp to see if he would die. The second expectation was that they would have to cut off the arm. If he survived, they would make him be known as the "Mad Bomber of Hanoi."

Both Cmdr. Stratton and Lt. Cmdr. Knutson, and indeed most of the prisoners, were exposed to rats in their soup, regularly had to eat with one hand and guard their rice bowl from becoming black with roaches with the other. Stale bread and cabbage was the main diet.

Cmdr. Stratton's last beating came about on April 29, 1970, and there was no primary reason for the stoppage of which he was aware. After that date, the food improved in general, although it remained substandard. And the days continued to be "awful long."

Knutson battered

Lt. Cmdr. Knutson was shot down near Hanoi in 1965. Although it was said by the Vietnamese that they were giving the POWs "lenient and humane treatment," he said, "Not on your life!"

A favorite torture was to take a prisoner with a broken arm and work the arm up and down like a water pump. One man stood with arms overhead for 30 days "holding up the wall." Lt. Cmdr. Knutson personally had teeth knocked out and suffered a broken nose which swelled his eyes shut. He suffered internal injuries, and after shoot-down, went 6 days without food or water. He was put in stocks around his ankles, and had all his arms bound behind him. "They draw your elbows behind you and then they start pulling your elbows over your head."

Lt. Cmdr. Knutson described treatment at the hand of tormentors: "While ropes were still tying my arms together, I was beaten across the buttocks with a bamboo club...to a point until my buttocks were just hamburger. There was blood spattering against the wall each time the club fell...at which time I finally started screaming. They stopped the beating, left the room...two hours later they came in, turned me over up right, and I was told to sit in an upright position on this wound that I had on my backside and I was left that way for six days. Periodically, they would take me to an interrogation and try to get me to talk. I walked in approximately a 90-degree bend when I went into interrogation because the scab that had formed on my backside had sealed my flight suit and I could not straighten up. At the end of this time I was finally permitted to bathe, I was taken to a shower. There was no way I could get the flight suit

off. I had to soak myself for a period of about two hours..."

Few exceptions likely

When asked how many men likely received such treatment, Cmdr. Stratton prefaced his statistics by saying that it was heard through latrine buckets and various methods but as of December, 1971, 95 percent of the men had been tortured. Forty percent were in solitary confinement over six months, 20 percent over one year and 10 percent over two years.

Did the guards ever give a hint of friendliness or compassion?

The guards were like any other occupied communist society. They could flick on and off like a switch.

When asked if there were any of his guards he would like to meet again, Cmdr. Stratton shook his head. "Not really. There is no room in my life for bitterness. There is too much to be done."

When asked to describe a day, he said that each day was an individual day. He believes each prisoner will have an individual story and that no two prisoners were treated alike. But there was no day-to-day pattern. "Ours was a war that lasted 24 hours a day. Every man over there was fighting the best way that he knew how, and I'm never going to be critical of any man that went through it."



Commander Richard Stratton

In his group, during interment, the men did try to carry on the best they could in an Air Force wing structured organization, with squadrons, flight commanders and ops officers. If Cmdr. Stratton was senior in a room, he might take charge; if a higher ranking officer were there, he would have authority.

"Confession" explained

Question: Cmdr. Stratton, can you detail for us the incident which involved the filming of you in prison clothing that was very well publicized in this country? The circumstances around it?

Answer: I can tell you the story of that day. In the morning, the man who read off the list of names at the Hanoi release...the airplane I departed on...the Vietnam officer who read those names at the microphone at the airport, was the man who composed my so-called confession from information that he had put together out of his own head and while I was going through



The magic of a name—Fifty-five feet of names from Billings, Montana, are examined by Lieutenant Commander Rodney A. Knutson and his parents, Mr. and Mrs. Arvin M. Knutson of Billings. The citizenry of Billings sent Commander Knutson the lengthy telegram congratulating him on his release by the North Vietnamese after nearly 7½ years of captivity.

initial torture and military interrogation. He threw those down in front of me as a press release form — a stack about 10 to 12 inches high. He said, "Today you are going to read that in front of a

ment. They gave me a haircut by holding on to my rather prominent and handy nose, my ears, and then they gave me a dry shave, which accounted for the high color on the skin that you may have seen in the picture.

At that time, I was ill and recovering from my wounds. I was still recovering from every injury I had sustained at the hands of the North Vietnamese in Hoa Loa prison. Every wound in my body was still infected. I had a boil in each nostril, which accounted for the size of my nose. When they were through, they put an extra sweat shirt on me because I looked too thin. Around three in the afternoon they transported me to a place downtown that I did not recognize. I was blindfolded. About 3 p.m. every day I would pick up a very high fever that would run till 9 p.m.

Quick decision required

They put me into a back room with some debris of American ordnance, and I could hear through a curtain somebody giving some type of medical evaluation of the effects of American weapons. I then realized that I was at some type of press conference. I was never told where I was being taken at gun point. I was never told precisely who I was going to see. They played the recording that I had made from a room on the opposite side from where I was from behind a curtain, trying to make people think that I was standing behind a curtain — rather shy — and you know I am not rather shy. And at the end of my tape they pushed me out and I had an instantaneous decision to make somehow to discredit the so-called confession that was an absolute and total lie. I chose the method of trying to pretend that I had been drugged. I stared at a spot on the back of the wall. When it came time to bow, I bowed the complete in a 90-degree bow in which I

Continued on next page

Continued from opposite page

were beaten and at gun point, or rifle point forced to do as a method of "salute" in the camp.

Enemy innocently (?) foiled

I boxed the compass once and stopped. Good old Dumb Dumb came to the rescue, and in front of everybody else, barked out "Bow!" And I boxed the compass again, 90-degree bow, and was pushed back behind the curtain. I was taken back and interrogated as to why I did not do a polite little bow as they had requested. My answer was, "You did not tell me the truth where I was going. I was surprised and afraid of cameras, and so I reverted back to my ancient Roman Catholic custom of doing a 90-

"I, myself, would rather die than live in anything to the enemy."

—Cmdr. Stratton

degree bow. And for some reason they bought it. That, sir, is the full answer to your question."

At a later point in the questioning session, Cmdr. Stratton cited the bowing session as one point in which he considers he was able to get back at the enemy. "I understand that they took a great deal of bad comment from the world as a result of that."

High and low defined

Question: Cmdr. Stratton, you have described some terrible experiences. Do any of them stand out in your mind, as the low point emotionally? I wonder if you can answer that? Also, exclusive of the time when you were coming back, tell us what perhaps was the high point of your captivity?

Answer: Well, I'll tell you the low point, and then from there we'll go to the high point. I for one person felt that the enemy could never get to me. I think that many American males like myself have a 007-type of concept of themselves. I, myself, would rather die than give in anything to the enemy. Death was not offered to me or to others. The realization that I could be broken by the enemy was the low point. The high point was that I had the capability to come back home and time again. And with the knowledge, that was the high point

— higher than the news of the return home.

On whether there was ever any attempt made to escape, both returnees answered no comment.

Whether the United States should give reconstruction aid to the Vietnamese, Stratton refused to give personal expression other than to say that he believed it to be a matter for the State Department, the Congress and the United States to decide. Neither man had hesitancy in stating that North Vietnam used the anti-war resistance to great effort to try to dissolve the physical and moral stamina of all. And both felt that the movement did aid and abet the efforts of the enemy.

"The only thing that I will add," Knutson said, "is that I do feel that people have the right to say what they want. That's what we were fighting for. And that's what I will continue to fight for. However, I personally do feel they were wrong in speaking out against the government at the time of war; I feel that they were hindering us rather than helping us..."

The prisoners were put under pressure to meet the activists, even to go home with them. The prisoners were told of every riot, every earthquake, every flood in the United States.

Creativity aided survival

So what did men do to survive some of the inhumanity? Stratton said that he cried a lot, laughed a lot, kept faith in God, in the fellowship of others, and "went to bed early and didn't drink or smoke." (By this point in the interview he was able to laugh with the reporters.)

"I personally feel the activists were wrong in speaking against the gov't at the time of war."

—Lt. Cmdr. Knutson

Lt. Cmdr. Knutson described a "magic" communication system used by the men. They used the hand alphabet (similar to that used by the hard-of-hearing), they used Morse code of flashing, tapping, scratching on the walls, and he told of listening through walls (24 inches thick, 8-inch space, and another 24 inches) by putting the

base of his cup against the wall. In Stratton's block a prisoner took the barbs off a piece of wire and through 3-brick-thick walls drilled eight holes. When discovered, the guards were so concerned with his ingenuity, thinking it difficult to be an effort to destroy the prison, that they forgot to mete out punishment.

Concerning the Son Tay raid, in which the American forces tried to swoop down and rescue the American POWs, Stratton tabbed it as perhaps one of the most heroic, and the most heartening display of American courage of the American fighting man. "That, despite everything the enemy tried to tell us about our country going soft. There were men who had the guts to go in and do that!"

Summary comments

Lt. Cmdr. Knutson: "One of the most satisfying things that gave me light every single day was that

I knew that I was coming home, and those b----- were gonna have to stay there."

Cmdr. Stratton: "There's never a bad day in the U.S.A."

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The world looks good whether upside down or rightside up.—Lieutenant Commander Rodney A. Knutson of Billings, Montana, continues the morning exercises he started during his interment in a prison camp in North Vietnam. The hand stand was mastered by most of the POWs in the camp.

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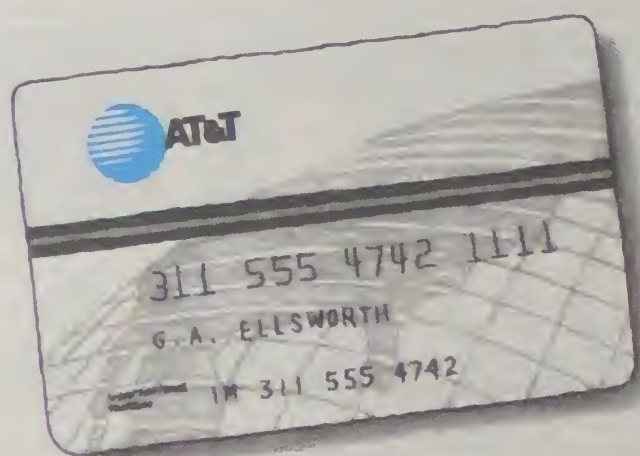
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the Chaplain's Corner

The Measure of Success

by Lt. j.g. Karla Seyb-Stockton, CHC, USNR-R

Who is the most successful person you have ever heard of? Is it Mike Tyson who won his championship boxing title fight in about 90 seconds? Is it Bill Cosby who has made millions of dollars and is enormously popular? Is it Sally Ride, the first American woman in space? Or Phil and Joe Niekro who at over 40 years of age are both still pitching Major baseball? Or is it Mother Theresa, who has given her life to serving those in need?

All of these people are successful in their own right. They have very different backgrounds, lifestyles and personalities. What is it that they all have in common? What is that elusive quality called success?

The measure of success is the ratio of talents used to talents received. Therefore, the key to being successful lies in self-awareness. We need to discover what our talents are and then use them to the fullest. We will not all be famous or make loads of money but we all do have talents to use and develop.

A very important mountain range along the road to success is the setting of goals. Simply having a talent is not enough to make anyone a success. A person also needs to have a plan for how and where to best use that talent. Having goals gives us something to aim for, something to mark our progress. Once a mountain has been crossed, its goal achieved, another needs to be set out for. Crossing mountains is rarely easy, but if it is easy, it isn't success.

The final stretch of the road to success is finding your barriers and knocking them down. Barriers to success seem to spring out of nowhere. Society puts limits on people because of their gender, their race, their religion or their income level. We often also impose barriers on ourselves by setting goals too low, fearing failure or even fearing success itself. All of these barriers can be overcome if you make a decision to do so. Once again, it takes diligence, patience and commitment; to yourself and to your dreams.

True success is something as individual as you are. It is a state of life than you can always be, but can never fully achieve. The moment you stop using your talents to the fullest, you have stalled on the road to success.

Dental notes

Juvenile Periodontitis

by Cmdr. Gregory Horning, D.C.
Naval Hospital, Oakland



Juvenile Periodontitis, also called Periodontosis, is an unusual gum disease of otherwise healthy teenagers and young adults which causes the rapid and severe destruction of bone around the teeth. Many teeth may be quickly lost even at this young age, unless the condition is diagnosed and treated early enough.

Juvenile Periodontitis is found in about 1 percent of the U.S. Navy population and is more often seen in blacks and in females. The exact cause is not completely known, but virulent strain of (*Actinobacillus actinomycetemcomitans*) is strongly implicated. There is apparently an inherited tendency as well: Juvenile Periodontitis runs in families, and affected persons have been shown to have defects in infection-fighting white blood cells as well as defects in the cementum layer of the tooth root, which is important in attaching the tooth to its supporting fibers.

Symptoms

What symptoms are there? There may be no symptoms at all until the teeth become loose. X-rays, however, typically show severe bone loss in a symmetrical pattern around all front teeth and the first

(six-year) molars. The dentist may find clinically that the gum attachment has unzipped down too close to the tip of the root.

Is there hope for those with Juvenile Periodontitis? Although in past decades most patients would have had all front teeth and many molars removed, the teeth can quite often be saved today with periodontal treatment. Current treatment for Juvenile Periodontitis includes an antibiotics (tetracycline) to control the bacterial infection, careful scaling and planing of root surfaces which have become toxic to the body, and periodontal surgery with bone grafting to restore some of the bone which has been lost. Meticulous daily removal of bacterial buildup (plaque) around the teeth is very important, as it is controlling other periodontal diseases.

What should I do if I have it? Your dentist will refer you to a Periodontist, who specializes in the treatment of periodontal diseases. He or she will explain to what extent you may have this, what treatment may be required, and what you can expect. Follow the advice given, brush and floss diligently, be patient and persistent, and in all likelihood you will have good success in treatment.

Navy employees

Civilians to undergo drug testing

Civilian Navy employees have a "safe harbor" from drug testing available to them, but if they wait to seek help until notified of the testing, the home-free option will be closed to them, the Department of Defense has announced.

The random drug testing will begin in November for about 20,000 of the Navy's 337,000 civilian employees. Each of these 20,000, the number to be tested during the program's first year, will get notices 30 days prior to the tests.

Only employees in jobs related to public health and safety, protection of life and property, law enforcement or national security will be subject to possible testing. There are 81,000 employees in those categories, including the

20,000 targeted for the first year's testing.

By comparison, 2 million active duty Navy personnel are tested each year. The civilian testing adds only 1 percent to the drugs labs' workload, a tolerable increase, the Defense Department said.

A spokeswoman noted that the "safe harbor" provision works only for those employees who present themselves to the Civilian Employee Assistance Program (CEAP) and declare they have a drug-use problem for which they would like to be treated.

The declaration of the CEAP must be made before receiving the notice 30 days prior to the tests.

"We intend to deliver a drug-

free work environment for those who produce critical products of the Department of the Navy," the DOD spokesman added, noting the program was ordered by President Reagan.

Both those employees who turn themselves in and those testing positive for the first time will receive CEAP referrals to drug rehabilitation centers on the civilian economy.

Refusal to take the test, as well as a positive test indicating a serious offense, will be grounds for removal from the job. Lesser offenses will be mitigated by voluntary enrollment in the rehab programs.

The job positions designated for drug testing include many high-level officials, the spokesman said.

—Fleet News—

USS McCloy ace drugbuster

Pilots become flying aces when they shoot down five enemy aircraft. The crew of USS McCloy (FF 1038) became "drugbusting aces" when they made their fifth and sixth drug busts last month, preventing five tons of marijuana, carried on two foreign cargo ships from reaching the United States.

McCloy made the busts within two days off the coast of Columbia. The first ship, Marina, a Columbian vessel, was carrying 4,500 pounds of marijuana. The second ship, Kiko, a Honduran vessel, was observed throwing 68 bales overboard and was found to have marijuana residue in its hold.

The Posse Comitatus Law says the Navy cannot enforce civilian law, but can provide a platform for law enforcement agents to operate, so an embarked Coast Guard law

enforcement detachment made the actual arrests.

Marina was spotted Aug. 26, 100 nautical miles off the Columbian coast, its crew claiming they were fishing. When the crew allowed the Coast Guard detachment to board, 60 75-pound bales of marijuana were found. Because the crew claimed the ship was of Columbian registry, U.S. law enforcement agents sought a "statement of no objection" from the Columbian government to seize the vessel. The Columbian government turned down the request and dispatched a Columbian navy ship two days later to take custody of the Marina's crew, so that the crew could be prosecuted under Columbian law.

Later that day, after turning over the Marina's crew, McCloy

discovered the Kiko about 4 nautical miles from the scene of the previous bust. The Kiko's captain claimed he was hired to take the ship to Venezuela's Isla de Aves, but his course indicated that he was headed for Puerto Rico. He refused to let the Coast Guard detachment board, and at nightfall 68 bales of marijuana were thrown overboard. The ship, its crew, and the contraband were seized and turned over to a U.S. Coast Guard cutter. The Kiko's crew was taken to Puerto Rico, where they will remain until the place of prosecution is determined.

The two busts bring the Norfolk-based frigate's total to six drug interdictions in the last two years, which account for 80 tons of seized marijuana.

USN ships aid Brit destroyer

USS Robison (DDG 12) and USS Vincennes (CG 49) aided a crippled British destroyer, which had collided with a British container ship in the Gulf of Oman, Sept. 3.

The British destroyer, HMS Southampton (D 90), suffered severe damage to its bridge and a

puncture in its hull during the late-night collision with the British-flagged vessel, Torbay. Eight Southhampton crewmembers received minor injuries. No injuries were reported aboard the Torbay.

Robison was on patrol in Gulf of Oman 10 miles from the collision scene when it received a distress call from the Southhampton that the British destroyer was taking on water. Vincennes was 100 miles away, but also heard the call.

Torbay's bow received minor damage in the collision. After Robison and Vincennes responded to the call, Torbay proceeded to Dubai under its own power.

Damage control parties on the U.S. ships prepared to render assistance while enroute to the scene, but on arrival, the Southhampton's captain reported the flooding was under control. The captain requested escort into Fujairah, United Arab Emirates, the nearest port. The three ships arrived there safely the following morning, after which Vincennes and Robison returned to patrol duties in the Gulf.

Meanwhile, the Secretary of Defense has announced that Vincennes' Aegis capability is no longer needed to meet the current threat in the Persian Gulf, and the ship will return home.

Pegasus provides unique aspect of naval warfare

USS Pegasus (PHM1) provided a look at an unusual aspect of naval warfare with its participation in the UNITAS XXIX exercises.

Pegasus successfully operated in the first three phases of the annual exercise and won praise from the Commander, South Atlantic Force, U.S. Atlantic Fleet Rear Admiral William C. Francis, who said Pegasus "met all its operational challenges and provided an enlightening look at a unique aspect of naval warfare...flying throughout waters of Puerto Rico, Venezuela, Columbia and Panama."

During the exercise, Pegasus traveled farther and operated longer than any previous patrol hydrofoil UNITAS participant. Its operations included naval gunfire support and defense within an amphibious objective area; anti-air early warning; and shallow water anti-surface warfare missions. Pegasus' successful operations demonstrate the value of small combatants in task group operations.

HN Degraw shines



Hospital Corpsman Third Donald T. Degraw, of the Labor and Delivery ward has been named Naval Hospital Oak Harbor Junior Sailor of the Quarter. As senior corpsman on the ward, Degraw is called upon to assist physicians and nurses with the delivery of healthy and sometimes critically ill infants as well as attend to routine ward responsibilities. Degraw's leadership and maternal management skills have improved departmental readiness and kept departmental expenditures down.

RADM Toney clarifies status of Mighty Mo

Continued from page 3

jobs to San Francisco residents.

3) That the Navy and city renegotiate the MOU.

B. Proposition "S". This measure was placed on the ballot by the same six San Francisco supervisors who voted in support of the MOU. It asks the citizens of San Francisco to vote yes on homeporting of the Missouri and battle group ships and under the following terms:

1) That the August '87 MOU become a legally binding document.

2) That the city of San Francisco provide the dredging offset and other benefits previously agreed to.

"It is obvious a "no" on both these propositions will indicate the voters do not want homeporting. The Navy is on record saying we will not go where we are not wanted and thus no votes would result in the end of strategic homeporting in San Francisco.

"Additionally, a "yes" vote on proposition "R" would provide for no local funding and therefore also result in the end of the Navy's homeporting plan due to requirements levied by the Congress.

"Only in the case of a "yes" vote on proposition "S" at a percentage higher than a "yes" vote on proposition "R" would the Navy be

free to continue to pursue strategic homeporting in San Francisco.

"Any other combination of "yes" or "no" votes would require the Navy to begin the process all over at the congressional level, a procedure that the Navy would likely not pursue.

"I welcome your efforts in disseminating factual information about homeporting to your sailors, your civilian employees, and your civilian contractors. At the same time, I caution you not to get involved in the political process of campaigning for or against any of the ballot proposals."

Reel Business

'MAC and Me' is for Everyone

by AN Debbie Davis

If you need a place to take the kids for a wholesome entertainment, a good place to go is to see the movie "MAC and Me," a fantasy-adventure about the remarkable friendship of two children who are both new to California. The first is a lost boy from another planet called Iapetus, and fondly referred to as MAC (Mysterious Alien Creature). The other is a 10-year-old boy named Eric Cruise, played by newcomer Jade Allegory, who has just moved from California and is confined to a wheelchair.

The youngsters cross each other's path after MAC and his family are brought to earth by an American probe. After escaping from his "captors" MAC is separated from his family when he hitches a ride from the Cruises without them knowing it.

The rest of the movie focuses on Eric and his brother and their neighbor friends helping MAC to get back to his family.

The movie is an extremely entertaining movie for those who love fantasy and are a kid at heart. Eric Cruise proves throughout the movie that children with disabilities are no different from others. Although born with spina bifida in real life, he does not let his handicap keep him from athletic

events and competitions. The youngster even celebrated his 11th birthday by competing in a 10K wheelchair marathon, a sport at which he is acknowledged champion.

MAC, on the other hand, is a fully mechanized figure endowed with 87 moving parts requiring the talent of up to 46 puppeteers. Also adding to the uniqueness of this movie is a portion of its profits will benefit the "Ronald McDonald Houses" where families of critically ill children can stay near their kid in a home-like atmosphere.



Left, Jade Allegory, a handicap in real life, plays Eric Cruise in the movie "MAC and Me," who befriended MAC, an alien boy from another planet. The movie, a reminiscent of E.T., is rated for general patronage and currently shown at a theater near you.



Winning Team

The Oak Knoll Intramural Softball League Championships recently concluded with the Physical Therapy Team grabbing the title with a record of 20 wins and only 3 losses. The OR team with the same record was defeated in the play-offs. The team members are: First row (left to right), HM2 Mark Ramsey, PN1 Charles Stewart; Second row, ETSN Barry Greer, DKSJ James Dawson, ETSN Matt Psyk, HM3 Mike Ruth, HM3 Phil Wessel and HM2 Lery Smith; Third row, HM1 Dave Wagner, Lt. Ken Burger, HM3 Mike Byrd and HM2 Rick Folda. (Photo by AN Debbie Davis)

alming children's hospital fear

Continued from page 10

important for both parties. Military hospitals in all services have liberalizing policies and encourage one to either "room-in" (sleep in same room) with the sick child stay in the room until the child is asleep. Many hospitals provide cots for this purpose; at times, parents bring in cots.

As much as possible, the hospital-like to keep the child's life as normal as possible. "Keeping up self-care tasks like brushing teeth and feeding themselves is keep children development on track. Even adults want to be treated when they're sick; if children aren't encouraged to do

everything they can, they may regress," said Jensch.

Experts agree that routine fun activities boost young patients' morale, said Jensch. So when possible, children get a pass to go out with their families.

Is there a payoff for all these efforts? Jensch thinks so. "I've seen lots of children pitch incredible fits before a procedure — and then sail through it," she said. So does Malcolm Grow's Presca. A former patient regularly comes back to visit. Once in mortal danger, he's now a star on his high school football team. ■



OR technicians to receive 'diploma' today

A graduation ceremony is scheduled for today for 13 students of Operating Room Technician School, Class 88015. The ceremony is to be held in the Clinical Assembly of the Naval Hospital, Oakland, at 10 a.m.

The graduates and their duty stations are:

HN S. Benson, Naval Hospital, Fort Point, N.C.
HN S. Hanson, Naval Hospital, Oakland, Calif.

HM3 J. Johnson, U.S. Naval Hospital, Subic Bay, Philippines
HM3 C. Johnston, Naval Hospital, Oakland, Calif.

A D. Malone, Naval Hospital, Portsmouth, Va.

A M. Meade, Naval Hospital, Portsmouth, Va.

A A. Molodecki, Naval Hospital, Orlando, Fla.

HM3 M. Morgans, Naval Hospital, Groton, Conn.

HM3 R. Prince, Naval Hospital, Camp Lejeune, N.C.

HN G. Pfeifer, Naval Hospital, Portsmouth, Va.

HA D. Secrest, Naval Hospital, Groton, Conn.

HM3 A. Scott, Naval Hospital, Portsmouth, Va.

DN V. Vance, Naval Hospital, Oakland, Calif.

The course covered 10 weeks of didactic instruction on aseptic technique and 16 weeks of clinical experience in the different surgical services.

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Nat'l Hispanic Heritage Week

'Can't rest on laurels . . .'

When Stella Guerra speaks to minority audiences around the world—Hispanics, blacks, women and the disabled—a popular song

plays in the background. She emphasizes some of its words: "I believe our children are our future. Teach them well, and let them see

the way . . ."

"If minorities are ever going to realize true equal opportunity in this country, it's important for our young people—our workers—to be fully prepared to compete," said Guerra, the highest-ranking Hispanic woman in the Department of Defense. She serves as the Air Force's director of equal employment opportunity.

Humble beginnings

"Education is not just a college education, it's those skills that make you competent in life. It's the training, the acquisition of skills, whether they're vocational or formal, that will truly prepare one to compete for equality in employment. Education is something no one can take away from you," said Guerra, who was named the 1986 Hispanic Woman of the Year by the governor of California and the Mexican-American Opportunity Foundation.

The daughter of Mexican-American parents "of humble beginnings who didn't have much in the way of material things," and who experienced discrimination while growing up, Guerra has beaten the odds: A member of the Air Force's Senior Executive Service, she is responsible for ensuring equal opportunities and treatment for more than 850,000 Air Force personnel, civilian and military, around the world.

"On the civilian side, by the time complaints of discrimination reach my level, an investigation has been conducted and attempts have been made to resolve the complaint at the local level," said Guerra. "I have been designated by the secretary of the Air Force as the final decision-maker on discrimination complaints brought against the agency."

Equal opportunity

"When we talk about equal opportunity for the military, we're talking about social-action programs—substance abuse and human relations education—in other words, the people's programs," said Guerra.

"I'm proud to say that our programs are working, thanks to the professionalism of the men and women working our programs out in the field."

"I remember my father taking me to meetings when Dr. Hector P. Garcia was organizing the American GI Forum to march for veterans rights after World War II," said Guerra. "We were brought up to think of discrimination as obstacles. The big question was, what could we do to eliminate it, individually and collectively? I think the national minority organizations we have today—LULAC (League of United Latin American Citizens), American GI Forum, NAACP, or the women's organizations—have been instrumental in bringing about positive changes in our society."

"On top of these organizations' agenda is education, not just for young people, but for the minority

communities," said Guerra, who spent 13 years as an educator in Texas before coming to Washington.

Guerra returned to her hometown in August as a speaker at a forum, an interesting piece of "fortune reversal" since she had attended forum meetings with her father as a 6 year old!

She said it's important for Hispanics to be a part of America's mainstream, "while keeping what's best in our culture, traditions and heritage."

America's agenda

"Our agenda must be America's agenda," Guerra emphasized. "We can't be seen solely as a special interest group. We must make sure that our agenda is a major agenda because what is good for Hispanics is good for our country."

"Hispanic Heritage Week started to bring about an awareness of the Hispanic role in American history and American society and the role we continue to play," she said. "With 37 recipients of the Medal of Honor, the Hispanic contributions to our national defense are clearly documented."

A challenge

"It's great that we promote diversity in music, foods and cultural diversity, but to me, the bottom line is how can we make a difference by improving educational and employment levels," said Guerra. "To do so will continue to keep the American dream alive, a challenge facing all Americans."



Calming children's hospital fear

Kristine Jensch is a child life worker at Washington, D.C.'s Walter Reed Army Medical Center. Her job is to help children — and parents — know what to expect from their hospital visit and to help them deal with feelings about their illness and about being in the hospital.

Although Walter Reed is the only military hospital now with a child life worker, hospitals in all the services try to reduce fears by explaining to the young patients — in a way they can understand — what's going to happen to them and why. Navy Dr. (Capt.) Al Lightsey, the Navy's specialty adviser for pediatrics, said that even smaller Navy facilities make a special effort for their young patients. The reason: Studies have shown that children

who are prepared for the hospital get well faster.

Whenever possible, military hospitals give children a tour before admitting them. Two members of the orthopedic staff at Malcolm Grow USAF Medical Center at Andrews Air Force Base in Camp Springs, Md., even made "house-calls": they went to the base day-care center and put "casts" on the child volunteers — which helps reduce their fear of casts.

Hospitals often use dolls and puppets to show a child what's going to happen. Air Force Maj. Anita Presca, charge nurse at Malcolm Grow's pediatric unit, has a "magic box" filled with puppets and play medical kits for role play. Children are encouraged to play with the puppets during the preadmission hospital tour. To make the admission process less stressful for the child, parents are interviewed in the hospital playroom while the child plays.

At Walter Reed, children use dolls and other props for what Jensch calls "medical play." Props include a toy wooden hospital bed, intravenous, or IV, pole and wheelchair, as well as a real stethoscope and surgical face mask. "The philosophy is to turn the child's experience from passive to active — and to let the child be the doctor," said Jensch.

Sometimes children play roughly with the doll. If so, Jensch will let them get out their anger and then talk with them about it. "Children sometimes feel their sickness is a punishment for something they did. They may feel they are being hurt intentionally by the doctors and nurses," she said. Jensch explains to them that they are not being punished and that sometimes things that have to be done to help them get well are painful or unpleasant.

Many hospitals hand out coloring books showing a clown, child or other character going through the hospital procedures the patient will encounter. For example, in *Popcorn Goes to the Hospital*, given to young Walter Reed patients, Popcorn the clown is shown receiving his medicine in four different ways. The book acknowledges that shots hurt; pills can be hard to swallow; an IV hurts when it is started; and liquid medicine sometimes tastes bad. The book explains that Popcorn knows the medicine will help him get better.

Videotapes work, too. California provided a grant to make a videotape that is used on closed-circuit television at the Naval Hospital in San Diego. It shows a patient's-eye view of the trip to the operating room. Children see the tape before surgery — even outpatient surgery — to help prepare them for the sight of hospital equipment and people in masks.

While state grants may not be common, volunteer efforts are. At San Diego, the wives' club collected money for paint, and the hospital teacher painted cheery animals in the wards. One doctor's wife painted the walls of an isolation room used for children with cancer.

At Malcolm Grow, a nurse's daughter and her art class painted the walls of the pediatric unit with scenes ranging from restful seascapes and trees to fighter planes and tiny handprints. The base family services staff made enough stuffed animals — including dinosaurs — to provide each child with a new pal to hug. Other military hospitals have received similar help from their friends.

Visits from a child's family are
Continued on page 9



Navy Health Care and Your Eyes

by Lieutenant Commander Daniel L. Dale, MC
Naval Hospital, Bethesda

Normally, you should get your eyes examined every two years. More frequent visits are necessary if you already have eye disease or are having symptoms such as blurred or decreased vision, pain, redness, double vision or seeing spots. Any unexplained change in your field of vision—a decrease or a portion blurred or blocked—should be evaluated immediately. The appearance of flashing lights or multiple floaters (black specks or lines) in your eyes signals an urgent need for an eye evaluation.

Sometimes a prescription for glasses or a change to your current prescription will solve the problem, but there are other reasons for deteriorating vision that an eye care specialist should evaluate.

The Navy has three kinds of eye care specialists: ophthalmologists, optometrists and opticians. An ophthalmologist is a medical doctor fully trained in the practice of medicine. After a medical internship, an ophthalmologist receives an additional program of training in the medical and surgical treatment of eye disease and vision correction. Optometrists are primarily trained in vision correction, using optical aids such as glasses and contact lenses. Optometrists are often able to detect eye diseases and refer the patient to an ophthalmologist for treatment. Opticians prepare glasses from prescriptions.

Because Navy ophthalmologists may be the only providers of eye care at an isolated duty station, they receive more training than many of their civilian counterparts in special areas such as retinal detachment, glaucoma and laser surgery.

Major naval hospitals have the latest in ophthalmic equipment including lasers and implant lenses. Lasers are used in many aspects of cataract surgery, glaucoma and retinal disease care.

Here are some common eye emergencies and what you can do about them.

Particles in the eye. Lift the upper lid over the lower lid and allow the tears to flush the debris out or try flushing the eye gently with water cupped in your hand. If this does not work, keep the eye closed and seek medical attention.

Blunt trauma to the eye. Blurring of vision or a black eye may indicate internal eye damage. See an ophthalmologist immediately.

Cut of the eye or eyelid. This is an emergency. Lightly cover the eye, protecting it from further pressure. Do not wash out the eye or try to remove anything stuck in the eye, and resist all urge to rub the eye. Seek immediate medical attention.

Chemical burns of the eye. Treat immediately by flushing the eye with running water for at least 15 minutes. Pour water from a clean container or let it flow directly from a drinking fountain or faucet; do not use an eye cup. Try to keep the eye widely open during flushing. Do not patch. Seek medical attention.

If you have questions about your eyes, contact your local Navy ophthalmologist.

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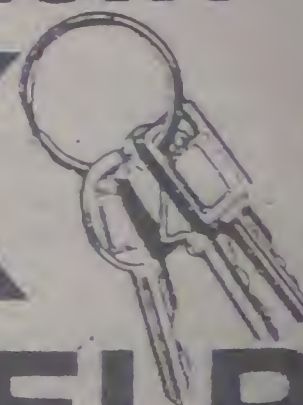
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—Langston Coleman
football player

NORWESTER

The Voice of the Naval Medical Command, Northwest Region

NAVHOSP Oakland bans smoking

by AN Deborah Davis

A new policy was established at Naval Hospital, Oakland, October 6th that speaks loud and clear — No smoking!

"Our health care facility should set an example for our beneficiaries and our patients," explained Captain C. Gordon Strom, the hospital's commanding officer. "I also agree with the Surgeon General and his belief that smoking slows the healing process."

The new smoking policy is defined in the hospital's instruction NO.1A dated September 12, 1988 and "applies to all employees, military and civilian, inpatients, visitors and contractors entering the confines of Building 500, Naval Hospital, Oakland."

Along with the main hospital complex, smoking will not be permitted in "Buildings, 101, 73B, 75 and main entrance second floor Building 500."

With the Naval Medical Command, Northwest Region's ban on

smoking last year, this means every building on the entire compound will be smoke-free with the exception of base housing and enlisted quarters.

Smoking areas

In an effort to make the transition an easier one for those who do smoke, designated smoking areas are offered. According to the instruction, "Smoking disposal receptacles are located at all building exits. The rooftop recreation area located on the fifth deck of the hospital (accessible from the 5-North and 5-East passageways), and the outside picnic area adjacent to the Laboratory back door will be open as designated smoking areas for staff members." Again, the hospital's main entrance near the patient loading circle is not a smoking area.

Commander Gary E. Schick, the hospital's head of the Operating Management Department, urges everyone to adhere strictly to the

designated smoking areas. He pointed out that along with the fire hazards of smoking in non-designated areas such as bathrooms and stairwells, punitive measures will be enforced on those individuals who ignore the new policy. "The concern for health and safety are more important than the small amount of inconvenience for smokers."

As a smoker himself, Cmdr. Schick is making personnel changes and intends to break his habit.

Six-week class

For other smokers interested in calling it quits, Captain Martin D. Kung, head of the Cardio-Pulmonary Clinic in the Internal Medicine Department, coordinates a six-week class, Travis Smoking Cessation Program, at Oakland's hospital.

"It's important more people know about the program," said Capt. Kung. "Too many times people don't take the classes seriously and they don't show up."

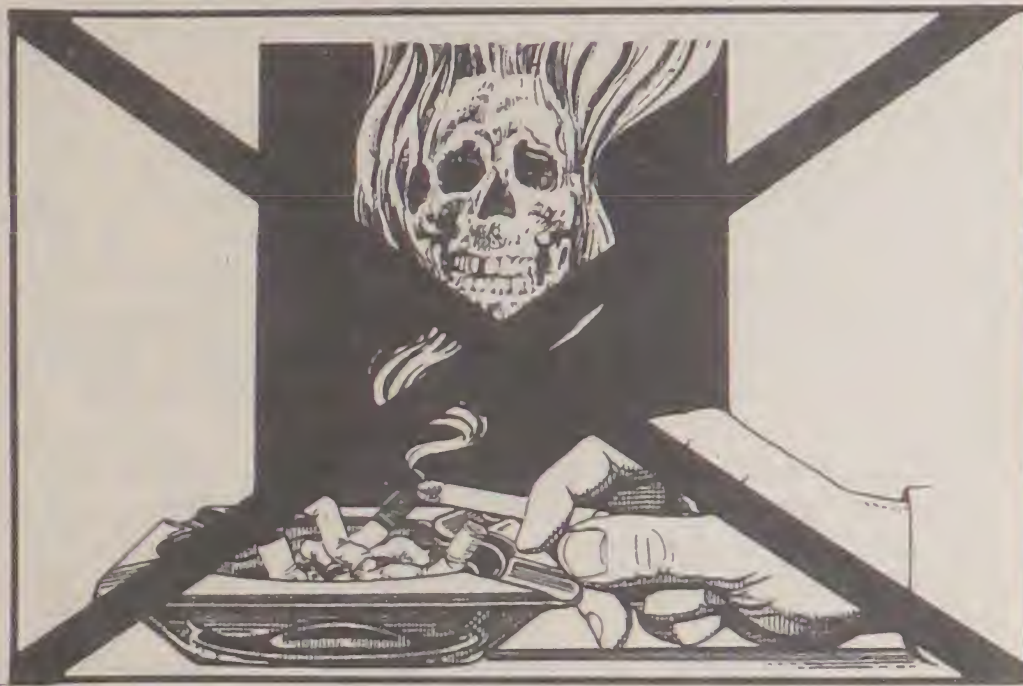
"I hope this no-smoking policy

will give a positive reinforcement for people trying to quit," Capt. Kung stressed.

Twenty seats

The class is open to active-duty and retired military and their families, and civilian federal employees. To register for the class just call Hospital Corpsman 1st

Class Alan W. Goodson, Cardio-Pulmonary Clinic, 633-5448, for more information and to reserve a seat. Only twenty seats are available for each class and the next class, October 6th, is presently full. The class meets every Thursday from 4-5 p.m. in the hospital's fourth-floor conference room.



Oakland A's home game



GEOCOM's color guards shine



A proud moment

Naval Medical Command, Northwest Region's Color Guards parade colors for the Western Division Champion Oakland Athletics during their September 18 game against the Kansas City Royals. The ensign was carried by the color guard captain, Legalman 1st Class Kenneth W. Roberts, the Navy flag was carried by Hospital Corpsman Joseph A. Chipman and carrying rifles were Journalist 3rd Class Tami Begasse and Ship's Serviceman Seaman Julie A. Perry. Seaman Franklin P. Kribbs (not pictured) is also a member of the team that performs on a four-member rotation. The A's took the game in 11 innings, with a score of 3-2. (Photos by AN Deborah Davis)

RX for RN shortage hailed

The response to a recent letter sent by Assistant Secretary of Defense (Health Affairs) William E. Mayer to recruit nurses for Reserve duty has been excellent.

As of July 1, 5,410 nurses, or more than 5 percent of the 106,333 who received the letter, had indicated an interest in joining the Reserve forces, according to Army Maj. Donna Owen, deputy director for Reserve affairs in the health office.

"According to marketing specialists, a response rate of .7 to 1 percent is considered average, while 2 percent is excellent," she said. Mayer's letter outlined benefits of joining the Reserve force as a nurse, such as training, travel and "the opportunity to work in some of the best hospitals in the world." The letter was sent to nurses specializing in critical care and emergency and operating room nursing and to nurse anesthetists.

Depending on several variables, it

can take anywhere from a month to a year for the nurse to become part of the Reserve force, although the average time will be four to eight months.

DoD is actively recruiting nurses for all branches of the Guard and Reserve. Some nurses recruited for the Individual Ready Reserve may fill vacant active duty positions for as long as a year, but the prime purpose of the Reserve recruitment program is to address DoD's war-time shortage of Reserve nurses — 31,000. The Reserves will supply most of the nurses in the event of mobilization.

DoD is not alone in suffering a shortage: A panel appointed by Secretary Otis R. Bowen called the problem "real, widespread and of significant magnitude." Nationwide, hospitals are short 117,000 nurses, while nursing homes have 21,000 vacant jobs for registered nurses.

Navy doctors to get bonuses

Navy doctors with specialties will receive substantially increased bonuses under the Fiscal Year 1989 Incentive Special Pay (ISP) Plan established Sept. 30 by Secretary of the Navy William L. Ball III.

These bonuses will range from \$3,000 to \$16,000 a year, and are part of a major initiative by SECNAV and Navy Surgeon General Vice Admiral James A. Zimble towards improving Navy medicine by retaining skilled physicians.

Under the ISP Plan, doctors will receive a bonus based on their specialty skill and the amount of time they have been practicing that skill. For example, doctors specializing in neurosurgery for less than six years will receive \$10,000. Those specializing in the same field for more than six years will receive \$16,000.

The objective of the Incentive Pay Plan is to keep trained doctors with special skills in the Navy. Improved doctor retention and recruiting in competition with civilian medical opportunities would give Navy people and their families better access to quality care in Navy medical treatment facilities.

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Up-close

HM3 Jeffrey Aldea



Date joined the Navy: April 7, 1985
Command: Naval Hospital, Oakland
Workcenter: Main Operating Room

Job description: My job as a surgical technician requires me to assist the surgeon by passing instruments on up to the operation site, anticipating the surgeon's needs, watching for breaks in technique, setting up the sterile field prior to the operation. Some operations are short and some are very long. You have to be very patient and calm no matter what happens.

The most challenging part of my job is: self-control. As a surgical tech we must be able to stand on our feet during a case and remain sterile. If your nose itches, you can't scratch it. It is like a test, "Will I beat the itch or will it beat me!"

Hometown: Placerville, Calif., known as Old Hangtown during the Gold Rush. It's located between Sacramento and South Lake Tahoe on Highway 50.

Hobbies: Definitely snow skiing, cooking, reading, dancing

Motto: Do it right the first time so you don't have to do it again. Everybody is prone to take short cuts and eventually messes up.

Likes: Clean apartments, team work, duty-free weekends

Dislikes: Negative attitudes, dirty clothes, dirty dishes, pushy people
Role model/heroes: My father. He always thought ahead and planned things out. He told me to never tell a lie or steal. Everybody can deal with the truth no matter how much it hurts, but nobody can deal with a thief.

If I could do it over again, I'd: go to college and join the Navy as an officer. The Navy has treated me good. Officers go through an intensified school both for the Navy and for the specific job they have to do for the Navy. Besides, from an enlisted man's point of view, it's glamorous!

I wish I could stop: eating. I eat too much. It doesn't really affect me now but when I turn 40 I will become the serious snack monster! To stay slim and trim, I bike ride to and from work everyday. It's about 10 miles in each direction. Also, I go out and dance anywhere from 2-3 nights weekly.

I respect myself for: my honesty.

My immediate goal is: to complete my studies for second class P.O. and take college courses.

A Navy birthday salute

Bay Area ready for Fleet Week '88

Fleet Week '88, the Bay Area's salute to the U.S. Navy, begins October 15th as a parade of ships steams into San Francisco Bay.

This year's battle group, which will proceed from under the Golden Gate past San Francisco's waterfront, will include the aircraft carrier *USS Ranger*, which will pass under the Golden Gate Bridge early Saturday. The ship procession, which will begin at 10:30 a.m., will include the *USS William H. Standley*, a cruiser, two Navy frigates, the *USS Cook* and *USS Kirk*, as well as the *USS Merrill*, a destroyer and *USCG Rush*, a high endurance cutter.

Fleet Week also will feature parachute jumpers, small-boat handling demonstrations and the traditional salute to San Francisco by the Navy's precision flight demonstration team, the Blue Angels. The Blue Angels will perform in the skies between the Golden Gate and Oakland Bay bridges.

Since 1919

Fleet Week traces its roots back to 1919 when the Pacific Battleship Fleet arrived in San Francisco. It is generally held in conjunction with the Navy's Birthday, commemorated annually on October 13. This year marks the Navy's 213th birthday.

In 1919, San Francisco Mayor James Rolph Jr. said that the Navy's presence in San Francisco reflected the city's pride.

"San Francisco is yours now and always, for we are comrades of the sea — you of the Pacific Fleet and we of the Pacific Ocean," he told visiting sailors.

During Fleet Week, sailors from the battle group participate in a variety of activities sponsored by the City of San Francisco.

Fleet Week also gives Bay Area residents the opportunity to tour Navy ships. Public visiting hours are scheduled from 3 to 6 p.m. Saturday, Oct. 15, and from 10 a.m. to 6 p.m. Sunday thru Tuesday.

More information about Fleet Week '88 may be obtained by calling Fleet Week Central beginning this week at (415) 765-5711/5715.

New CHAMPUS executive named

Navy Cmdr. Gordon McCamley, M.D., has been named Medical Director for the Office of Civilian Health and Medical Program of the Uniformed Services (OCHAMPUS).

McCamley will serve as medical consultant for the agency and as medical liaison for the CHAMPUS director to other federal and civilian health programs and agencies. McCamley will also work with military hospitals, CHAMPUS demonstration projects, the CHAMPUS claims processors and professional associations.

McCamley said he sought the position as Medical Director because he was attracted by the opportunity to use both his medical knowledge and his ideas on health care delivery systems. "The job is appealing because I have the chance to get involved in some rapidly changing health care delivery systems. I'm looking forward to new, cooperative efforts between CHAMPUS and the military treatment facilities," McCamley said. The new Medical Director said he's impressed with the dedication and

Fleet Week 1988 Schedule of Events		
Monday, October 10	8:00	Host-A-Sailor Phone Lines Open
Tuesday, October 11	8:00	Blue Angel #7 Arrives NAS Alameda
Wednesday, October 12		Blue Angels Arrive NAS Alameda in afternoon (6F18's; 1 C130)
Thursday, October 13	8:00	Blue Angel Media/VIP Flight #1
	9:00	Blue Angel Media/VIP Flight #2
	10-11:00	"People are Talking" TV 5, Live Remote
	11:30-1:30	Blue Angels High Over San Francisco
	1:30	Blue Angel "Media Availability" at NAS Alameda
Friday, October 14	9:00	Children begin arriving Aquatic Park Torch Run — San Francisco Schools to Aquatic Park
	9:30	- Navy Rock Band Performance
		- Navy Representatives address students
		- Awards Presentation
		- Pier 39 Entertainers Perform
		- Parachutists land Aquatic Park
	11:30	Blue Angel Air Show for Youth Excellence Day
	12:00	Conclude Aquatic Park Events
	1:30-2:00	Blue Angels Meet Hunters Point Youth At NAS Alameda
	5:30	Association of Naval Aviation Reception at Oakland Hyatt
Saturday, October 15	9:00	Fort Mason Reception for Participants
	9:45	Fleet Week 1988 Arrival Festivities Begin (Viewing locations: S.F. Municipal Pier area, Aquatic Park/Marina)
Sunday, October 16	8:00	Port of San Francisco Fleet Week Challenge Run (From Crissy Field to Pier 30/32)
	10:00	Shipboard church services
	10:00-6:00	Ships open for public visiting
	10:00-5:00	Special Boat Unit ELEVEN rides at Pier 39
	11:30	COMREL Shipboard Luncheon
Sunday, October 16	11:00	Navy vs. SF Police and Fire Departments Doubleheader Softball Games at Big Rec Field, Golden Gate Park
	6:00	Oakland Navy Council "Salute To Sea Service Reservists" Dinner at Oak Knoll Officers Club
Monday, October 17	10:00-6:00	Ships Open for Public Visiting
	11:00-1:30	Navy Birthday Luncheon (SF Chamber of Commerce / Navy League) - Fairmont Hotel
	6:00	Mayor's Dinner for FWBG CO's
	7:00	CPO Party - Old Time San Francisco

Continued on page 4

WIN to wear 'cracker-jacks'

The Chief of Naval Operations has approved the jumper-styled service dress white uniform (cracker-jacks) for enlisted women E-1 through E-6 in response to the overwhelmingly positive reaction of women sailors who tested it.

Tests in 1980 and 1985 of alternatives to women's uniform styles showed 73 percent of the test participants preferred the "cracker-jacks" because they were washable, cool, comfortable and easily stored aboard ship. As one woman put it, "It made me feel like I belong in the Navy."

Navy Clothing and Textile Research Facility will design the final look of the uniform. The uniform is scheduled to be issued to recruits in late 1992, but the Navy is trying to find a way to provide the uniform sooner.

The jumper-styled uniform has been part of the Navy seabag in one version or another since 1825. The term "crackerjack" was "borrowed" from the name of a popcorn candy, whose box logo featured a man in the jumper uniform. The first version of the uniform was a white jumper with a blue collar. Because sailors in those days put grease in their hair to keep it out of their eyes while working aloft, a flap was added to keep the grease from getting on the shirt. The jumper remained part of the sailor's seabag until 1972, when E-6 and below enlisted men shifted to the double-breasted coat worn by officers and chief petty officers.

The jumper reappeared in 1977 after 86 percent of sailors surveyed preferred a return to the traditional uniform.

Navy Birthday Oct. 13, 1988



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Commander

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AIDS: How much do you know?

Most military people know that AIDS is transmitted by having sexual relations or sharing needles with someone infected with HIV. Most of them also know that using condoms can help prevent AIDS. But one-fourth mistakenly believe you can get it by eating in the same dining facility with someone who has the disease.

Worldwide survey

Those are the preliminary findings from DoD's 1988 Worldwide Survey of Substance Abuse and Health Behaviors Among Military Personnel. According to Air Force Lt. Col. Michael Peterson, senior policy analyst for preventive medicine and health promotion in DoD's Office Health Affairs, DoD has not yet compared its survey to data from a similar civilian survey conducted this year. This means members' knowledge of the subject cannot be compared with that of the general public yet.

He also speculated that some of the questions may not have been worded as clearly as possible,

leading to some "wrong" answers. But on the whole, the survey results show that "people seem to have learned the most important points we've been stressing on how to prevent AIDS," Peterson said.

Important facts learned

According to the survey, most military members know the HIV virus (which causes AIDS) is transmitted by sharing needles with an infected person — (96.4 percent). They also know it is transmitted by sexual contact with infected persons (96.8 percent); that latex condoms (77.1 percent) and sexual abstinence (91.8 percent) can help prevent transmission. In addition, they know that monogamous sex (having sexual relations with only one person) can help prevent transmission (87.3 percent).

Misconceptions

As for misconceptions, 25.7 percent thought sharing a dining facility with an AIDS patient could transmit AIDS — 27.9 percent of enlisted members and 12.4 percent of officers. Also, 19.9 percent

believed AIDS could be transmitted by giving blood (22.3 percent of enlisted members and 5.4 percent of officers). But only 9.5 percent thought AIDS could be transmitted by working near an infected person — 10.7 percent of enlisted members and 3.2 percent of officers.

No new policy

Meanwhile, a DoD task force established to look at whether there should be a policy of mandatory AIDS screening for DoD-sponsored personnel prior to overseas duty has been unable to reach consensus. Therefore, Assistant Secretary of Defense for Force Management and Personnel Grant S. Green Jr. issued a memorandum stating that DoD will continue its current policy: "Mandatory HIV screening of DoD-sponsored civilian personnel should be limited to those situations where it is requested by a host nation in connection with DoD employees performing official duties in an overseas location."

The policy applies only to DoD civilians. Contractors are responsible for their employees.



Human decency will always prevail

A little help from concerned friends and citizens went a long way for Lenny Leal who recently was robbed, beaten twice and evicted from his workshop residence. The 58-year-old handyman ekes out a living working on bicycles, model trains and doll house kits, and is a familiar face to many Oak Knollers especially at the hospital where he delivers newspapers in the morning and at lunchtime. Lenny, was forced to live out of his truck when his landlord evicted him for not being able to pay the rent for his shop. But his landlord said he could move back in as long as he pays the \$958.25 and October's rent of \$800 in advance. Unfortunately, Lenny could not raise the money since he was locked out of his shop. There was no way to pay with his tools and parts locked away, until his friends in the neighborhood learned about his plight. They were upset and rallied behind him. One resident was quoted as saying, "That guy made a school out of the bike shop. Everytime I go over there, there are a half dozen kids learning from him, and instead of charging the boys, Lenny would often teach them how to fix their own bikes or offer them part-time jobs." Lenny is eligible for disability benefits but he opted to survive on his own. "Most people in his position would say, 'put me on welfare,'" said another sympathizer. "I can't say enough good about him." And his friends at the Oak Knoll feel the same way. With an enormous support from people who believed in his cause, Lenny was able to move back into his bicycle shop and face a new life of renewed hope and promise. Through the Norwester Lenny would like to thank and acknowledge those who helped him get back on his feet again.

Bay Area ready for Fleet Week '88

Continued from page 2

- Sponsored by San Fran Police Officers and Firefighters

Tuesday, October 18

- 10:00-4:00 Ships open for Public Visiting
- 11:30 COMREL Shipboard Luncheons
- 6:00 Rotunda Ceremony at City Hall

Wednesday, October 19

- 11:30 COMREL Shipboard Luncheons
- 7:00-9:15 Rock Concert (Pier 30/32)
- 7:30 Navy Shipboard Reception Aboard USS Ranger (CV61)
- 9:30 Fireworks display

Thursday, October 20

- 8:00 Bay Cruise for Recruiting/Navy League
- 9:00 BG Ships depart



The Blue Angels in acrobatic formation. (Photo by Howard Thomas)

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Drug use by sailors on the decline

Urinalysis, the Navy's principal weapon in the war on drugs, is exacting a heavy toll — drug use by sailors is down to 5.7 percent this year, compared to 33 percent in 1980.

The fact that fewer sailors are using drugs was determined by responses to the 1988 Department of Defense (DoD) worldwide survey of drug and alcohol abuse among military personnel. Because the responses to the survey were anonymous and proven methods from three previous surveys were used, DoD officials are confident that the results reflect an accurate picture of drug use among service members. The Navy's urinalysis program is given much of the credit for the reduction in drug usage.

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Medical emergency at sea**U.S. warships save toddler's life**

USS America's (CV 66) and USS Kalamazoo's (AOR 6) quick response saved the life of a 14-month child, seriously injured in a fall.

The medical emergency at sea began Sept. 27, when the Kalamazoo received a distress call from the captain of a Gibraltar-registered vessel. His son had fallen 40 feet onto a stack of wooden crates. Kalamazoo quickly responded and soon brought the child aboard to administer life-saving

medical care. Kalamazoo then radioed the America, which was 140 nautical miles away, for assistance. The Norfolk-based aircraft carrier sent a medical response team by helicopter to evaluate the child and provide medical attention. The extent of the child's injuries — concussion, a bruised heart and trauma — prompted a transfer to the America's medical facility. After two hours in surgery, the boy was in stable condition. America arrived in

Mayport, Fla. the next day, and transferred the child to the University Hospital in Jacksonville, Fla., where he is recovering.

According to America's medical personnel, if the child had been an adult he would have suffered significant cerebral damage, but because a 14-month child's skull is not fully developed it is able to absorb severe blows.

Dental notes**Orthognathic surgery repositions jaws for better smile**

by Lt. Cmdr. Gregory J. Heise, DC

Today a relatively new surgical procedure is putting smiles on thousands of faces. Orthognathic surgery, the repositioning of the jaws, helps people not only to smile but to chew, speak, and breathe more normally.

Orthognathic surgery corrects dentofacial deformities such as jaws that are out of alignment, too small, too large, or otherwise poorly positioned. An estimated 10 million Americans have dentofacial deformities. The deformities can result from genetic or environmental influences. The jaw imbalance can cause both physical and psychological problems. Patients in need of orthognathic surgery have trouble doing what most of us take for granted — for example, biting into a sandwich or speaking normally. They may also have an unattractive facial appearance such as a weak chin, excessively large chin, or gummy smile. This disfigurement can make the patient feel self-conscious or unattractive.

Facial balance

Orthognathic surgery repositions the jaws to place the teeth in proper interdigitation and achieve a more aesthetic facial balance. It is performed by oral and maxillofacial surgeons, a subspecialty within the dental department.

Before making the decision to surgically correct maxillofacial deformities, cephalometric x-rays, dental casts mounted on an articulator to duplicate the alignments and actions of the jaws, and other clinical findings are all carefully studied. If necessary, orthodontic treatment is usually done before surgery to align the teeth for proper appearance and occlusal relationships. This may take six months or more to complete. Any other necessary dental or periodontal treatment must also be done before orthognathic surgery.

Dramatic improvement

When all of this has been completed, the surgery is performed on an inpatient basis under general anesthesia and requires a brief hospital stay. The teeth may be wired together to allow proper healing for about six weeks. For many, however, this is a small price to pay for a dramatic improvement in appearance and function.

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Awards from around GEOCOM

Naval Medical Command, Northwest Region recognized outstanding military and civilian personnel September 23 during a command awards ceremony. The following personnel received honors:

Navy Commendation Medal:
Cdr. Ernest Ghent

Navy Achievement Medal & Honor Award:
HMCS Thomas W. Ellis III

Navy Achievement Medal:
Lt. Cmdr. Deanna R. Bogart
SK2 Chris L. Upchurch
SN Russell S. Forssell
HA Miriam C. Esguerra

Merit Pay Performance Award:
Bob Hilliard
Fred Perea

Senior Sailor of the Quarter:
HM2 Christopher A. Weaver

Junior Sailor of the Quarter:
SK3 Fernando Cortez

Length of Service Award:
Francis McFaden - 30 years
Joan Parker - 10 years
Hattie Thompson - 10 years
Patricia Walker - 10 years

Good Conduct Medals:
MS1 Margaret R. Kelley - 4th
MS2 Danny L. Strong - 1st

Letters of Commendation
HMCS Thomas W. Ellis III
SK1 Mary L. Marino
SK2 Chris L. Upchurch
SK2 Romeo F. Fulinara
SK3 Sherry A. Abernathy
J03 Tami S. Begasse

SK3 Fernando Cortez
SK3 Richard T. Hankins Jr.
SK3 Joel J. Larson
SK3 Alan J. Lavigne
SK3 Sheena R. Lunsford
SK3 James R. Noble
HM3 Paul L. Read
HM3 Villarreal
SKSN Brown
SN Russell S. Forssell
SHSA Vickie L. Shell
Mr. Rudy Canites
Mrs. Laura Peabody
Ms. Amy Beaird
Ms. Curlene Brown
Ms. Daisy Littleton
Ms. Mary Moss
Ms. Jacqueline Pickens



Commander E.R. Ghent is congratulated by Rear Admiral David Whitman on his promotion to his current rank. The 24-year Navy veteran is the region's new Assistant Chief of Staff for Logistics. He reported to GEOCOM from the Naval Medical Clinic New Orleans. (Photo by JO1 A. Guian)



On Aug. 2 Dr. Joseph A. Marano, Optometrist, Branch Medical Clinic (BMC), Alameda received a pin and certificate for his 20 years of federal service. Dr. Marano was a coxswain in the U.S. Navy during World War II. His civilian service has been entirely at BMC Alameda.

Lt. Liam 'a true professional'



Lt. Benjamin D. Liam, MSC, of the Naval Dental Clinic Bremerton, Wash. was recently frocked to that rank and at the same time presented the Navy Achievement Medal.

According to Captain R. H. Harper, DC, Commanding Officer, Lt. Liam performed his duties as command Fiscal Officer and MEPERS coordinator in a superior manner. "He is a true professional," Capt. Harper added.

Navy Exchange has new hours

In an effort to provide Naval Hospital, Oakland and Naval Medical Command, Northwest Region personnel the best service possible the Navy Exchange is expanding Mini Mart and cafeteria hours.

Starting November 6, the Mini Mart will be open on Sunday from 10 a.m. to 2 p.m. These hours are established on a trial basis, and remain in affect until the 27th. If the test proves satisfactory, Sunday hours will remain in effect.

The Snack Bar at Building 38 will open an hour earlier weekdays beginning November 1st. Hours of operation will be from 7 a.m. to 2 p.m. This will also be on a trial basis.

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Consumer Dental Offices will accept your **Active Duty Dependents Dental Plan** for covered services. **No patient portion** is required from you prior to treatment. Co-payments, if any, can be made as your income permits.

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Evening and Saturday appointments

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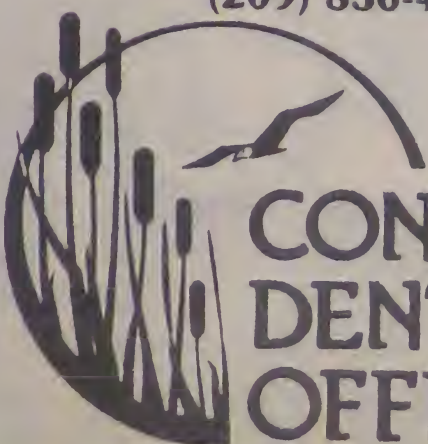
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Consumer Dental Office
8105 Edgewater Drive, No. 250
Oakland, CA 94621
(415) 568-6272

Tracy Office
Sequoia Dental Care
3250 Tracy Blvd.
Tracy, CA 95376
(209) 836-4950

Daly City Office
Westlake Shopping Center
Peninsula Union Dental
283 Lake Merced Blvd.
Daly City, CA 94015
(415) 991-0300

Fremont Office
Crossroads Shopping Center
Aspen Dental Care
39411 Fremont Blvd.
Fremont, CA 94538
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1160 Arnold Dr., Suite G
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A computerphobic CAMIS experience

by HMC Moshure-Borkowski
U.S. Naval Hospital,
Okinawa

(Editor's Note: The following is reprinted from the July 1988 edition of the *Island Observer*, the official news magazine of U.S. Naval Hospital, Okinawa.)

Are you the type of person who sits in front of a computer and one of the following happens?

1. Program won't load.
2. Printer won't print.
3. When printer does print, it spits out Greek when you entered your material in English.
4. Work a program designed for a child and still have to call for help.
5. Etc., etc., etc.

Does the thought of sitting in front of a computer bring a cold sweat to your brow and anxiety attacks? Do you know computers hate you? Welcome to the club, Computerphobics.

When I was informed that our command had received three "special" computer systems and someone was traveling all the way from HSETC in Bethesda, Md., to set them up, and that I was going to be taught how to use the system and teach it to other people, I immediately fashioned a necklace out of garlic and started sharpening wooden stakes - I was not going to be unprepared to do battle with the Computer Assisted Medical Interactive Video System (CAMIS for short).

Enter the computer "monsters" — all crated up with



Students learn how to operate one of the most sophisticated computers ever to hit the medical community. (Photo reprinted from the November-December 1982 issue of *Navy Medicine*)

instructions not to open until a certain Lieutenant Commander Smith from HSETC arrived. Obviously only she knew how to handle the beasts! Fortunately, the day the "creatures" were assembled, I was teaching EVOC, safely behind the very tall fence that surrounds Transportation. That afternoon, dressed in "cammies" and combat boots, I set a tentative boot inside classroom #4. What greeted me were three very appealing, rather harmless looking systems sitting quietly against the wall. I cautiously approached, (I had learned a couple of things about escape and evasion at CATLS Courses) ever mindful of the story about a wolf in sheep's clothing.

Lt. Cmdr. Smith was standing by and she appeared unscathed, so I figure it was

safe to approach. "Sit down chief and pull up a chair and I'll show you how CAMIS works," she said. "Oh, oh, here it comes," I thought, and prepared myself for the worst.

I was first instructed to flip on the master switch. "I can handle that," I replied in the most assertive chief voice I could muster. Nothing happened. "It's starting already," I thought. "I know it hates me." Seconds later, a few beeps and some colored flashes of light appeared on the screen (an ominous sign for sure). A few more seconds passed and still nothing happened (glad to see I hadn't lost my touch!) Suddenly, the screen filled with the word CAMIS and instructions to either use the light pen or keyboard to proceed. So far so good. Following clearly

written direction, I then started a file on myself as instructed. Noooooo problem!

Next to the video disk player "popped" forward and a menu of programs appeared on the screen. It was constantly reassuring to see the "Help" box appear — the computer would gently remind me of what I was suppose to be doing if I found myself lost. From the menu, I chose the program on Basic Medical Skills by touching the light pen to the appropriate menu item. I was then "told" by the computer to insert the laser disk for the program, and I was on my way, enjoying the whole experience, with the computer instructions to guide me along the way.

"You actually mean to say that's all there is to it?" I

asked. Lt. Cmdr. Smith just smiled and nodded, with the obvious pride of a trainer who has tamed the beast and truly made it user friendly.

I must say that I'm highly impressed with a system that you can enter with the flick of a switch, and doesn't require a 900-page-manual to operate. All of the instructions are fully contained within the program you are using in very clear language that can be understood by anyone with the ability to read.

Being a true Computerphobic, I won't say that CAMIS has changed my life and I'm now playing with the Lotus in my spare time. Let's just say that I'm attempting to reach out to the IBM PC's in the department, a little more confident that they won't bite back!



Freedom and security are but opposite sides of the same coin — and the free expression of ideas is not more expendable but far more essential in a period of challenge and crisis ... Through the centuries of crisis the American tradition has demonstrated ... that freedom is the ally of security — and that liberty is the architecture of abundance."

—President John F. Kennedy, Washington, D.C. 1959.

Supply stuff

Complete specifications — key to quick purchase

You know what you want — you know the service you need — but does the supplier know? We have a wide variety of trained personnel, professional and trades — each in their own fields. Confusion and misunderstanding usually occurs when each try to explain their needs. Language common within a field is clear to others in that field. Trade names, procedures and generic terms are quite often misunderstood when used outside a specific field. For these reasons it is important that the description of an item or function is clear and easy to understand. Keep in mind, buyers, purchase agents and contracting officers are familiar with contracting regulations.

Many specifications may not be important such as, size, color, riveted or welded, an extra electrical plug outlet, etc... But it is not that difficult that you can usually write a decent specification. A specification must be complete enough to identify the item being purchased. If a manufacturer's part number is used, you must still furnish specifications. In addition, you must also furnish the manufacturer's name. A specification lists the "salient characteristics", that is, what must this item or, measurements, electrical requirements, material it is

made of, method of construction, or other highlights. What are your minimum requirements?

Example

Cleaner, hand, paper towelette, approx 6" x 8", premoistened with mild nonallergenic liquid soap, for hands or face, each towelette sealed package, able to use without water.

Briefcase, gen. purpose, plastic coated nylon duck/or leatherette approx., 12" x 18" x 3", zipper closure top, lockable, suitcase type grip handle.

Table, surgical utility, cabinet

type, H-33" D-24" W-36", stainless steel, welded seams, equipped with 4 roller wheels constructed of non-sparking materials, table to have 2 full shelves, 1-4" from floor level 1-adjustable. Table fully

enclosed on all sides with 2 doors opening from center on right and left on front of cabinet (A 2" variation in width (36") or depth (24") is authorized - no variation in height.)

Captain Frances L. Willoughby

Navy MC's first woman doctor

On October 15, 1948, Lieutenant Commander Frances L. Willoughby, MC, became the first woman doctor in the Navy Medical Corps. During her distinguished naval career, Willoughby rose to the rank of Captain and became Chief of the Neuropsychiatric Technician's School at Naval Hospital, Philadelphia.

Willoughby graduated from the University of Arkansas School of Medicine in 1938 and was commissioned a Lieutenant in a special segment of the Medical Corps for women reserve officers in 1944. She was stationed at the Navy Department Dispensary in Washington from 1944 to 1949, where she performed neuropsychiatric consultations and treatments for the Outpatient Service.

She was transferred to Naval Hospital, Philadelphia during the summer of 1949 and remained there until her retirement in 1964. During her tenure in Philadelphia, Willoughby achieved the rank of Captain. Described by senior reviewing officers as "quiet, conscientious, meticulous and devoted to duty," she spent much of her spare time in volunteer work at the Veterans Outpatient Clinic.

Willoughby became a member of the American Board of Psychiatry in the early 1950s and remained a member in good standing throughout her career. Her awards included the Meritorious Service Medal, World War II Victory Medal and the American Defense Award. She died in Philadelphia in 1975.



Don't forget to switch to winter uniforms beginning Monday.

What you should know

Freedom of Information and how it works

An efficient democracy requires that its citizens be informed about the activities of their elected government. In order to satisfy the public that all federal agencies, including the Department of the Navy, will provide that information, Congress has enacted the Freedom of Information Act.

This Act provides that whenever a member of the public requests certain designated records which are in the possession of a particular government agency, that agency must determine whether the records must be released. Regardless of the ultimate on whether to release the records, the agency must respond to the requestor within ten days. For that reason, any request for release of Navy records must respond quickly or be in violation of the Act.

Several types of records are exempt from public disclosure, however, such as classified information, personnel and medical records, and certain law enforcement investigation records. Any question as to the time limits for a disclosure determination, as to the releasability of particular information, or as to which command has the authority to grant or deny disclosure should be directed to a legal officer.

If you are contemplating making a request for records or if you receive such a request in an official capacity, you should be aware that such requests must be in writing and should refer specifically to the Freedom of Information Act or appropriate Navy instructions. Of course, any requests must also

contain a reasonable description of the records which are being sought. The agency is not required to create or compile a record not already in existence.

Finally, the requestor must enclose a check or money order for search and duplication costs, or alternatively must offer, in writing, to pay all such fees or fees up to a fixed amount. If the requestor believes that he is entitled to a waiver of fees, he should present his reasons for the waiver in his written request.

Privacy Act of 1974

It seem that nearly every week service members and their dependents are asked to complete some form to which is attached a Privacy Act Statement; yet few of us really understand the Privacy Act.

The Act was passed by Congress in 1974 to accomplish several purposes. The first purpose is to inform you just exactly what personal records are being collected, maintained, used, and disseminated by the federal government. The Act is also designed to prevent records, which are obtained about you for a particular, lawful and necessary purpose, from being used or made available for some other purpose, without your consent. Additionally, the Act permits you to have access to those records which the federal government is maintaining about you, to have copies of records, and to correct any information in those records which you believe is inaccurate.

The standard Privacy Act Statement is designed to inform you

that certain information about you is being collected and maintained. A Privacy Act Statement also lets you know the purposes for which the government is obtaining this information, and it describes the limits on how that information is to be used. Unless the federal government notifies you of the existence of a system of records, it is generally precluded from maintaining such records.

The Privacy Act also protects you from unauthorized disclosures of personal information which the government has collected about you. In general, the Act bars the government from disclosing your personal information to third parties, unless you request or consent to such disclosures in writing.

There are certain exceptions, however, and SECNAVINST 5211.5B lists several examples of official information that the Navy may routinely disclose to the public, such as your rank and rate, date of rank, duty station, and your office phone number.

Personal data

Disclosures of more personal data may be made routinely within the Department of Defense. Personnel data may also be disclosed where there is an emergency situation involving a danger to health or safety, and it may be disclosed to domestic law enforcement authorities, when requested in writing.

Any federal agency which is maintaining records about you must

maintain a log of all disclosures, and upon your request, the agency must tell you all disclosures it has made, except for those which may have been made in furtherance of law enforcement.

With some limited exceptions, you have the right to know whether or not any federal agency is maintaining records about you, simply by writing to the agency and identifying yourself and the system of records which you are interested. You also have the right to inspect and to have copies of records kept about you. There may be a copying fee, however. (SECNAVINST 5211.5B).

If you find that records about you are inaccurate, you may seek to have them amended. If your

request to amend is denied, you may appeal, and if the appeal is rejected, you may still file statement rebutting the information contained in your record.

Civil sanctions, including monetary damages, can be awarded against an agency that does not comply with the Act. There are also some severe criminal sanctions that may be imposed against individuals who violate the act, for example, by making unauthorized disclosures, maintaining unauthorized records of personal data, or requesting or obtaining information from an agency under false pretenses.

If you should have any questions regarding the Privacy Act, check with a legal office.



'O' Club presents '42nd Street'

The lights grow dim. A hush overwhelms the chatter of those anxiously awaiting. The curtain opens and the music fills the air. . .

The Naval Hospital, Oakland Officers' Club proudly presents Cabaret Theater's musical comedy "42nd Street" for a single performance date on October 19.

Dinner will be served from 5:30-8 p.m. and the show begins at 8:00. The bar will be open from 5-8:00. Reservations are required in advance of performance date. Admission price is \$9.95 for adults, \$4 for children 4-10 years old and free for children under four years. The price includes a smorgasboard style dinner, dessert and the show.

Reservations can be made by calling 633-6401, -6402 or 6400. Just ask for Cindy Huston.



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Alameda Clinic standouts



In recent surveys at Branch Medical Clinic (BMC), Alameda patients have specifically complemented the work of Ms. B. King in the Adult Medicine, and Mr. J. Bosak in the Pharmacy. Pictured here are Ms. King conferring with Lt. Gaddy, Medical Officer, and Mr. Bosak busily working on the Pharmacy computer.



DoD defines sexual harassment

By Evelyn D. Harris
American Forces Information Service

To clear up inconsistencies on what constitutes sexual harassment, Secretary of Defense Frank C. Carlucci has issued a DoD definition of sexual harassment that applies to all members of the military services and DoD civilians.

The DoD definition, issued July 20, says:

"Sexual harassment is a form of sex discrimination that involves unwelcomed sexual advances, requests for sexual favors, and other verbal or physical conduct of a sexual nature when:

- (1) submission to or rejection of such conduct is made either explicitly or implicitly a term or condition of a person's job, pay, or career, or
- (2) submission to or rejection of such conduct by a person is used as a basis for career or employment decisions affecting that person, or
- (3) such conduct interferes with an individual's performance or creates an intimidating, hostile, or offensive environment.

"Any person in a supervisory or command position who uses or condones implicit or explicit sexual behavior to control, influence, or affect the career, pay, or job of a military member or civilian employee is engaging in sexual harassment. Similarly, any military member or civilian employee who makes deliberate or repeated unwelcomed verbal comments, gestures, or physical contact of a sexual nature is also engaging in sexual harassment."

In issuing the guidelines, Carlucci said, "It remains this department's firm policy that sexual harassment is unacceptable conduct and will not be condoned or tolerated in any way."

What impact does the new definition have on how the average military or DoD civilian supervisor does his or her job? Air Force Col. William Walton, director of military equal opportunity policy, says he hopes the answer is "none whatsoever." "If they're doing their jobs right as far as human and gender relationships are concerned," he said, "they wouldn't even have to read the definition — they are in compliance."

DoD bases its guidelines on those written by the Equal Employment Opportunity Commission and may modify them based on any changes to commission guidelines. Each service previously had its unique definition; the DoD guidelines replace those.

Violations of the guidelines will be handled case by case. But Walton did say the prohibition against linking acceptance or rejection of sexual behavior to career or employment decisions applies to both military and civilians, on or off government property.

While the prohibition against making unwelcome sexual comments, gestures or contact that are not linked to job decisions applies to military members 24 hours a day, the situation for civilians is not as clear-cut. For purposes of the sexual harassment guidelines, civilians are considered to be on duty while at the office, on travel status or at a local function (such as a conference or professional meeting) where they are acting as representatives of the government.

Why you should apply for LDO now?

by Darlene Williams
Naval Military Personnel
Command Public Affairs Office

WASHINGTON (NES) . . . If you would like to have an impact on the making of Navy policy and not just implement that policy, perhaps the Limited Duty Officer program is for you. The LDO program was established under the Officer Personnel Act of 1947 to provide a vehicle for advancement to commissioned officer status for outstanding enlisted people E-6 through E-8 and chief warrant officers.

The program was designed to provide the Navy with officers who perform in progressive technical management positions that require highly specialized skills unattainable through the normal development of other naval officers.

"The LDOs are a valuable commodity because they are officers who have a high degree of competence at the junior level," said Cdr. Neil C. Davis, limited duty and chief warrant officer community manager. "The Navy needs officers who can remain within their technical field through successive assignments long enough to be very proficient in that field. They need officers who have gained their skills not through university training but through enlisted training and experience. And with the LDO, the

Presidential election

Electoral votes make the difference

Normally, the person who receives the most votes in an election wins. But that is not always true in electing the president of the United States.

Three men have occupied the White House even though they received fewer votes than their opponents in the popular election. Why? Because the ultimate winners tallied more electoral votes. An electoral vote is the formal vote cast within the Electoral College to reflect the popular vote of each state in a presidential election.

In one case, even the Electoral College system could not identify the winner and the problem had to be resolved by the House of Representatives.

Rutherford B. Hayes received only 48 percent of the popular vote in 1876. His opponent Samuel J. Tilden received 51 percent. But Hayes had one more electoral vote.

In 1888 Benjamin Harrison ended up with fewer popular votes than Grover Cleveland, but Harrison had more electoral votes and was elected President.

In 1824 John Quincy Adams was elected President by the House of Representatives because none of the candidates had received a majority of electoral votes. Under the constitution, Congress has the responsibility to elect the President if no candidate receives a majority of electoral votes.

So, according to the 12th Amendment, the House of Representatives decided the issue. Adams received support from the New England states and New York. On the first ballot a majority of 13 delegations—the bare minimum needed—voted Adams into the White House.

Navy gets an officer who is mature and has practical experience in a technical field."

Although the LDO program is currently undergoing an adjustment phase because of constraints placed on Navy and DOD growth, the LDO is absolutely necessary to the Navy and this is a good time to apply for LDO.

More LDO billets

"In the early part of the decade the Navy had extra LDOs; we were above LDO requirement levels. However, now there are more LDO billets than available people. We no longer have a surplus," said Davis. "This is also a good time for interested sailors to apply because a large number of LDOs are reaching retirement age. No chief or first-class should hesitate to apply for LDO because he or she believes they will not have a chance of being selected because of authorized strength cutbacks. We will select between 275 and 300 this year."

To be eligible for appointment under the active duty LDO program, applicants must be chief or senior chief petty officers or petty officers first class with eight to 16 years of service. First class applicants must be board selected for promotion to chief petty officer. Applicants must also be high school graduates or possess the service-accepted equivalent as described in CNETINST 1560.3B, be physically qualified and be recommended by their commanding officer.

Eligible candidates must submit formal written applications to the

Naval Military Personnel Command (NMPC-211), via their commanding officer, by July 1 of the year application is made. Detailed information on application procedures and sample letters of application are available in NMP-CINST 1131.1A.

Start early

"It's very important that you read the instruction carefully and understand it. Get your own copy. Copy the pages that apply to you. But the single most important tip is to start early. Because it's a lengthy process — the entire process could take between one and two and a half years — you must start early," said Davis. "You must work hard and impress your seniors, make them notice and become aware that you possess officer type qualities. You must also start working on your Navy and civilian education."

Application letter

Another important area in the application process is the application letter to the board. "This is the applicants' opportunity to tell the board what they want the board to know, to explain why they will be good LDOs and how they can help the Navy," said Davis.

If you are accepted into the LDO program, you will be appointed to the grade of ensign and must agree to remain on active duty as an LDO for three years. As you progress and move up the LDO ladder, you will benefit financially and have more responsibility. The LDO supplants and supports the line officer and, as such, may be able to make a great impact on the success of the Navy.

Reel business



Connie Russo (Mercedes Ruehl), the jealous wife of a mobster, confronts Angela deMarco (Michelle Pfeiffer, right) at a supermarket in the wacky movie "Married to the Mob." (Photo courtesy by Orion Pictures Corp.)

Married to the Mob

by AN Debbie Davis

If you're in the mood to watch an overtly funny movie that is totally hilarious and rib-tickling, then join the crowd and see "Married to the Mob." This movie, brought to you by Orion Pictures and currently shown at a theater near you, takes every gangster flick you have seen and twists it around for a highly entertaining fare with a funny backspin.

The story begins as "Cucumber" Frank de Marco is "iced" by his boss, Tony "The Tiger" Russo, after finding him messing around with Tony's favorite cocktail waitress in the whirlpool bath. This makes Frank's wife Angela de Marco a widow, who is free to start a new life — provided the mob and

the FBI will let her.

The young widow tries to escape the past but much to the disapproval of Tony...and the FBI wants Tony. To complicate things more the FBI sends in a special agent to keep Angela under surveillance thinking that she is Tony's girlfriend. Also making things bad for Angela is Connie Russo, Tony's extremely jealous wife.

The movie features Michelle Pfeiffer in the lead role as Angela de Marco, and supported by Mercedes Ruehl (Connie Russo), Dean Stockwell (Tony "The Tiger" Russo), Matthew Modine (Mike Downey), and a cast of other outstanding performers.

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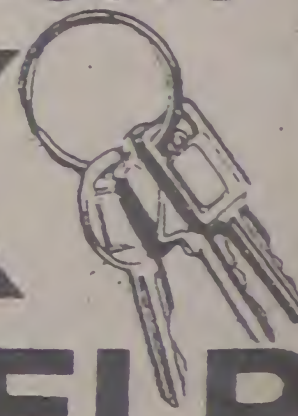


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NORWESTER

The Voice of the Naval Medical Command, Northwest Region



Future technology

Electric-driven ship eyed by Adm. Trost

Chief of Naval Operations Admiral Carlisle A.H. Trost said electric drive will be the primary form of propulsion for the Navy surface combatant of the future.

"I am declaring that integrated electric drive, with its associated cluster of technologies, will be the method of propulsion for the next class of surface battle force combatants," Trost said Sept. 26 in a keynote address to defense industry officials attending a Navy research and development symposium here.

The CNO acknowledged that the idea of powering a ship by electric drive existed before the turn of the century. Basic electric drive for ship propulsion involves using a traditional power source — which could be a diesel engine, a gas turbine engine, or a nuclear reactor — to drive an electrical generator. The electricity produced by the generator is sent by cables to an electric motor, which is used to power the ship's propeller.

"But a more advanced form of electric drive has become the state of the art," Trost said. "It will allow for a new order of capability... (with) potential advantages (that) include a much smaller engineering package, greatly reduced propeller shafts and minimum crew manning."

Trost said the details of the engineering plant configuration will need to be worked out over the next 10 to 12 years as the design of the battle force combatant takes shape.

The Admiral also urged symposium participants to realize their immediate task is the total modernization of the Navy.

"Today, the frontiers of technology are expanding in every direction," Trost said. "As part of an evolutionary process, we see the possibility for a number of revolutions affecting every aspect of naval warfare." Trost added that some ships "will acquire new missions; others will see missions enlarged or expanded."

The CNO said the outcome of the attendees' participation in the symposium's activities will have a tremendous impact on the way the Navy will carry out its responsibility to maintain a strong national defense in the future.

"If we do our work right, our successors will honor us: for the one capability our nation must have to remain strong and free, maritime superiority, will have been assured beyond any doubt."

Daylight-saving time

Don't forget to retard clocks one hour Oct. 30

"fall-back" time this year is Sunday, Oct. 30. That's when you retard your clocks back one hour and daylight time resumes — officially, at 1 a.m.

You won't have to do this, however, if you live in Arizona, Hawaii, the eastern time-zone portion of Indiana, American Samoa, Puerto Rico or the Virgin Islands. These areas are exempt by law from observing daylight saving time and, therefore, remain on standard time.

Under standard time, it gets dark earlier in the evening; thus

an "extra" hour of daylight in the morning. This suits some and is opposed by others.

Farmers, for example, like more daylight in the morning to do their chores. Others like more daylight in the evening — to get home from work and school and to run errands in the evening. The controversy has continued over the years.

Last year, a bill was passed that affects the time. Daylight-saving time resumes in the spring. It is now the first Sunday in April instead of the last. Standard time, however, still resumes the last Sunday in October.

— Without previous experience —

Alameda corpsmen deliver baby

by Evelyn McNulty

You know the classic story about the woman who goes into labor and can't make it to the hospital, so she has the baby in the taxicab?

Well, Master at Arms First Class (MA1) Janet Krehemker didn't get that far.

Between the short time her husband, Jim, called the NAS Alameda Branch Medical Clinic and the time the ambulance arrived, labor pains had progressed to the point that she had to deliver her baby at home. Alone.

Well, not exactly.

Enter Hospital Corpsman Third Class (HM3) Gary Clark and HM3 Jovan Da Mour. Quite capable young men. Exemplary, in fact. They are trained hospital corpsmen and Emergency Medical Technicians. Their supervisors and Officer-In-Charge, Lt. Cmdr. Stephen Astrachan have nothing but praise and kudos for these guys. So, no problem, right?

No experience

One problem.

Neither had ever delivered a baby before.

Telling their stories with grins that stretch from ear to ear, they're second only to the parents in their pride.

"When we got the call, her water had just broken. When we walked in, she said she thought she was crowning," said Petty Officer DaMour.

Crowning is when the baby's head begins to appear.

A quick assessment made it clear to the corpsmen that the baby would be born at home.

"We'd just had a refresher course in emergency childbirth, so it wasn't as though we were going into this untrained," explained Petty Officer Clark. "But, as we soon found out, delivering plastic babies isn't quite the same thing."

Yet, they both insist they were not nervous at the time. "What we concentrated on was the immediacy of the situation, remembering all the steps we've been taught and each detail of the procedure. We didn't have time to be nervous," said Clark.

"Just pull it out . . ."

And, what about mom? "I was just ready to have it. I told them to 'pull it out!' Of course, I didn't know it was their first time, so that helped," she said, laughing.

What about dad? "I was answering the phone in the kitchen, because the clinic was calling periodically to see if everything was going as it should. I was nervous, so it's probably good that I had something to do," said Jim Krehemker.

Actually, things went quite

smoothly for the two novice obstetricians. "We remembered to ask the right questions and do things in the right order. The only problem we had was that the cord was wrapped around the baby's neck, so I had to move it. It's kind of delicate. But once I did that and the baby's

difficult for them to describe. "You don't ever want this to happen, because you want the safest, well planned environment possible for childbirth. But, really, for two guys like us, it was the opportunity of a lifetime. We brought a baby into the world and there's no other feel-



HM3 Gary Clark (standing, left) and HM3 Jovan DaMour look proudly at the newest addition to the Krehemker family. Seated (left to right) are Jennifer, Janet (with son Patrick), Jim and Melissa Krehemker. (Photo by Evelyn McNulty).

head was out, everything else went fine," said Clark. Clark acted as the "catcher," the person who actually holds the baby as it is being delivered, and DaMour was his assistant.

Jim Krehemker, who was by his wife's bedside when the child was born, admits that he wasn't prepared to see the baby as it was being delivered. "I didn't think I could handle watching, and those guys looked like they knew what they were doing, so I was content to stay with Janet."

The experience left the two young corpsmen exhilarated in a way

ing like that," said DaMour.

For the next few days they were celebrities at the clinic. Emergency childbirth is something that is prepared for, but rarely happens for the men and women of the Naval Air Station Alameda Branch Medical Clinic. "As a matter of fact, my mom is always asking me when I'm going to stop delivering plastic babies and do the real thing. I don't think she ever believed I would actually do it. She's in for a surprise," said Clark.

Both Clark and DaMour are married and raising children of their

Continued on page 5

A dream come true



A high school ambition becomes a reality for YNC Cristina Stone. (Photo by AN Debbie Davis)

See page 5

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the Chaplain's Corner

There is a game we all must play,
It's called the game of Life.
The object is to make it through
The obstacles and the strife.

The Game of Life

Yes, each must play an active part.
Bench warmers, there are none.
The time clock starts for every one
When their first breath begun.



The rules are written in a book,
But God above could see
That we alone could never win
Without a Coach to free.

And so a mentor He did send,
His Son came in His stead.
He bore the stripes of all our sin,
And they were crimson red.

He told us how to work the plays,
And showed us how to score;
He taught us how to get along
And work together more.

The game is over much too fast,
The scrimmage soon is done;
The Statistician then records
Those who have lost or won.

But He records much more than just
The tally of the goals.
The shots, the rebounds, and the fouls,
Of these He keeps a toll.

When the trophies are awarded,
To each is asked the same:
If they the Coach accepted,
And how they played Life's game.

Up-close

HM1 Paul Wells

Bio-med repairman



Date joined the Navy: April 1974

Workcenter: Navy Drug Screening Laboratory, Oakland, Calif.

Job description: Bio-medical repair, drug screening

The most challenging part of my job is: keeping abreast of the constant changes in the medical repair field while being assigned to the drug screening equipment. This is a high production lab, which has an even higher amount of stress if equipment is giving the techs problems.

Without my skills and expertise, my division wouldn't be able to effectively: operate, being the only BMET on board. I'm in high demand to be there when the problems occur.

Hometown: Pueblo, Colo. Everyone has at one time or another heard of my hometown, not for the Army depot or the steel mill but for one thing — "catalogs, catalogs, catalogs."

Hobbies: Computers, bowling, camping, and playing dungeons and dragons with friends.

Likes: Good books, especially anything involving the Arthurian time frame, science fiction, fantasy trilogies involving magic, knights, wizards, etc.

Dislike: The commute to and from work.

Role model/heros: none

I wish I could stop: the rising cost of living. It gets harder to see the light at the end of the tunnel when the light keeps moving away.

I respect myself for: being able to start and finish things without a lot of assistance from others

My immediate goal is: to finish my tour with the Navy, retiring and opening my own computer/hobby store somewhere north of Denver.

Bay Area CFC underway

by Jonathan Arnowitz

With *USNS Mercy* in the background, the Combined Federal Campaign launched its Bay Area Kick-off.

"It's very satisfying to see such support from all sectors of federal service both civilian and military," the CFC Chairman Donald Ming stated.

Captain John Bouvier, representative of the Naval Medical Command, Northwest Region, commented on the significance of holding the CFC Kick-off aboard the *Mercy*.

"The *Mercy* is an extension of our military strength capabilities and also of our humanitarian capabilities, as we provided necessary

medical assistance to the needy in the Philippines.

"The CFC, likewise, shows your humanitarian and compassionate capabilities. Your support is great, you give more than the average person, and yet you make less than your counterparts in the private sector," Bouvier added.

Bay Area comedian and master of ceremony, Michael Pritchard, exhorted federal employees to be proud of their achievement in past CFC pledge drives.

"You should feel good about yourself. Not only have you dedicated yourself to serve your country, but you go that extra mile and dedicate yourself to your community," Pritchard said.

The Combined Federal Cam-

paign annually raises over million that is distributed to more than 600 worthy charities. The Chairman of the Federal Executive Board, Steven Fikes, said he hoped this year's campaign would top the \$4 million mark.

Those who attended the kick-off ceremonies were given a tour of Navy hospital ship *Mercy*, including a photo display of the ship's past humanitarian and training mission to the Philippines and South Pacific. The Naval Medical Command, Northwest Region and the Military Sealift Command, Pacific sponsored the tours aboard the *Mercy*.

Contact your CFC key person for your CFC donation form.

Births in 'freestanding' centers now covered

CHAMPUS-eligible mothers-to-be may now have their babies in approved "freestanding" birthing centers that agree to participate in CHAMPUS.

This addition of a new type of health care provider for maternity care services under CHAMPUS is effective for care received from CHAMPUS-approved freestanding centers on or after May 23, 1988.

Freestanding birthing centers provide outpatient services for low-risk (normal) pregnancies, and are limited to the use of natural childbirth procedures. The newly covered centers may actually be "freestanding" — that is, separately located — from a hospital; and, they may or may not be affiliated with a parent institution. Services at birthing centers that are located at hospitals have always been cost-shared by CHAMPUS as inpatient care.

The freestanding birthing centers must be authorized as providers of care under CHAMPUS, and must have signed a participation agreement with CHAMPUS.

For active-duty dependents, CHAMPUS shares the costs for freestanding birthing centers with a flat \$25 cost-share for the patient, even though the care is considered to be outpatient care. This saves money over normal outpatient care rates for most CHAMPUS-eligible active-duty families who would be using the centers. For other CHAMPUS patients, the cost-share would be 25 percent of the lesser of: (1) a CHAMPUS-established all-inclusive price.

Medically necessary maternity care and childbirth services beyond those usually associated with a normal pregnancy and provided by a birthing center can also be cost-shared by CHAMPUS on a case-by-

case basis, as part of the birthing center's episode of maternity care.

If these extraordinary services are determined to be covered by CHAMPUS, they must also be medically necessary and appropriate for the patient's condition. If all of that is true, they will be cost-shared by CHAMPUS at the lesser of either the birthing center's billed charge for the care, or of the CHAMPUS allowable charge.

In order to obtain approval to provide care under CHAMPUS and to sign a participation agreement, freestanding birthing centers should write to the CHAMPUS claims processor for the state in which they operate. The name and mailing address of the CHAMPUS claims processor for a particular state is available from the Health Benefits Advisor at the nearest military medical facility.

—NorWords—

What's your favorite halloween costume?

by SN Mark Herrington

It's that time of the year again — the time when people throughout the nation let their hair down and don costumes either for fun or to unleash repressed childhood fantasies as they go for trick or treat during Halloween "festivities." Along this line, and for sheer delight of course, we asked NorWesterners at random the question: "What's your favorite Halloween costume?"

HN Piper Lori Sellers, ORT School, Naval School of Health Sciences Oakland Det.

"My favorite costume is the kind that I can have close contact with a friend such as a dragon. I'm very fond of this legendary animal because I'm fascinated with med-

ieval characters and the era. Also, I usually need someone to attend a costume party, and my date can join in the fun."

Chris Beltran, Laboratory, Naval Hospital, Oakland

"My birthday suit because it's me."

HN Brian K. Johnson, Dermatology Dept., Naval Hospital, Oakland

"My favorite costume is a devil because I enjoy doing devilish things, not hurting anyone but just having fun with people."

HMCS Edward Saxer, Fiscal Dept., Naval Hospital, Oakland

"I like the costume weird Al Jancovich wears in the video 'I'm Fat.'" Why? Looks neat for one, and maybe I identify with the

character.

HMC James Day, Fiscal Dept., Naval Hospital, Oakland

"A fig leaf because it's like a good newspaper reporter, and covers everything up."

HM3 Michael Doran, Radiology, Naval Hospital, Oakland

"Freddie Krueger — because he's the only comic murderer in the history of halloween."

CDR Donald E. Greenfield, Laboratory, Naval Hospital, Oakland

"I like belly dancer costumes, because they're so authentic and 'up front.'"

Larry Cook, Fiscal Dept., Naval Hospital, Oakland

"Animal outfit — it brings out internal instincts out."



Lieutenant Hunt C. Russell, who was recently promoted to his current rank, beams with pride while his wife, Karen, replaces his old shoulder boards with new ones and Admiral David Lichtman holds their baby girl Ashley. Lt. Russell works in the Management Information Department at GEOCOM headquarters.

NORWESTER

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DoD revises HIV-policy

By Evelyn D. Harris

Because researchers are learning more about AIDS all the time, the Department of Defense reviews its policies on the disease once a year and modifies them as necessary.

On Aug. 4, Deputy Secretary of Defense William H. Taft IV signed an updated personnel policy on

dealing with human immunodeficiency virus type 1, which causes AIDS. The previous policy was issued April 20, 1987.

According to Air Force Lt. Col. Michael Peterson, DoD's senior policy analyst for preventive medicine and health promotion, the most important points in the policy update are that it has: a mechanism for notifying, testing and counseling spouses of Reserve component members who test positive; a prohibition against mandatory testing of DoD civilians assigned overseas unless such testing is required by the host nation; and a limit, determined on a case-by-case basis, on the kinds of duties and location of assignment of individuals testing positive.

Free counseling

If a reservist tests positive for HIV-1, his or her spouse will be contacted and becomes a "secretarial designee" and therefore eligible for free counseling and screening for the virus. (Spouses of reservists who are not on extended active duty are not part of the military medical system.)

DoD officials had considered mandatory HIV-1 screening for civilians going overseas, but they decided to limit it to those civilians going to countries that required testing.

Another change to the policy is that members infected with HIV-1 cannot be assigned to deployable units. This is in keeping with the previous policy of not assigning them outside the United States.

ROTC students testing positive will be disenrolled, but the service secretary can delay release until the

end of the academic term in which they tested positive.

Unchanged

The rest of the department's policy on AIDS is essentially unchanged and is briefly recapped as follows:

□ All applicants for military service, including applicants for the Reserve components and ROTC, will continue to be tested and will be denied entrance in the armed forces if confirmed positive.

□ For readiness reasons, military personnel will continue to be tested and retested for evidence of HIV-1 infection, in established orders of priority.

□ Military beneficiaries who go to sexually transmitted disease clinics, alcohol and drug rehabilitation units and prenatal clinics will be offered testing but not required to take it.

□ Active duty personnel (including active Guard and Reserve members) who test positive will be medically evaluated to determine the status of their potential infection. Reserve component members not on extended active duty will be counseled regarding the significance of a positive HIV-1 antibody test and referred to their private physicians for medical care.

□ All individuals who test positive will be counseled concerning the appropriate precautions and personal hygiene measures required to minimize transmission. While military members who fail to heed these instructions may be subject to discipline by their individual service, the DoD HIV-1 policy does not address this subject.

Continued on page 6

Civilian AIDS rate five times higher

As of April 24, 1988, 2,232 of 1,752,191 active duty military members had tested positive for antibodies to human immunodeficiency virus type 1, the virus which causes AIDS. That is equivalent to a rate of 1.3 per 1,000. The Atlanta-based Centers for Disease Control estimates that as many as 1.5 million Americans are infected with the virus, making the rate in the general population five times that in the military.

Officials of the Centers for Disease Control believe there are three explanations for this: Homosexuals and injectable drug abusers are less common in the military because of its policies; hemophilia victims are not eligible for service; and persons testing positive for HIV-1 antibodies are not allowed to join the military.

John Mazzuchi, principal deputy for quality assurance in DoD's Office of Health Affairs, said that it is really impossible to compare the two populations because the Centers for Disease Control can estimate the rate of AIDS only in the general population, unlike the military, which has mandatory testing. Furthermore, most of the AIDS screening in the civilian population — upon which estimates of the Centers for Disease Control are based — has been conducted among those in high-risk groups, such as drug abusers.

The military screens active duty members for infection by HIV-1 in this order:

- Individuals serving in, or subject to, deployment on short notice in areas with a high rate of endemic disease or with minimal medical capability;
- Individuals serving in, or pending assignment to, overseas permanent-duty stations;
- Individuals serving in units subject to deployment overseas;
- Other individuals involved in the care of patients infected with HIV-1, patients in sexually transmitted disease clinics, patients in drug or alcohol treatment clinics and prenatal clinics;
- All remaining individuals during routine physicals.



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Alameda pediatric nurse honored

Lieutenant Commander S.M. Astrachan, Officer-in-Charge, Branch Medical Clinic Alameda, presents a Letter of Appreciation to Ms. Paula Andrews for her fine work. The pediatric nurse practitioner recently received a letter from the mother of one of her patients that goes, "Last week I brought my son to see you. He was very depressed about the upcoming WesPac of his father. You were very kind and understanding, and he left your office a new kid. He had bounced in his step and went home and ate a big dinner. The ship left and we were all sad. But he is back to playing, talking, eating and riding his bike. And now instead of saying 'I'm tired,' he says 'I'm sad. I miss daddy.' Thank you for your help. The books you recommended are very helpful, and most of all, you took the time to listen and talk to us. Thank you! You're terrific!"

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A dream come true

YNC Stone promoted to Warrant Officer

In ceremonies recently held at the Naval Medical Clinics Command, San Francisco, Chief Yeoman Cristina Stone lived out a high school ambition when she was promoted to Chief Warrant Officer much to her pride and personal satisfaction.

However, becoming an officer hasn't been an easy victory for her. It took Chief Warrant Officer Stone more than 15 years and four tries before her dream became a reality.

"I thought I hadn't made it the fourth time but I was called personally by the LDO (Limited Duty Officer) detailer telling me I had been selected off an alternate list," she said. "I was very excited and happy because I worked so hard for it."

Warrant Officer Stone's quest to become an officer began when she packed her bags and left the small town of Gig Harbor, Wash. to join the Navy in 1973 for a "greener pasture" and adventure as well. After leaving recruit training in Orlando, Fla. and Yeoman "A" School, she was stationed in Italy at the Headquarters of Allied Forces, Southern Europe. Her next assignment was with Tactical Electronic Warfare Squadron (VAQ) on Whidbey, Is.

Challenging assignments

Warrant Officer Stone was subsequently sent to the U.S. Navy Personnel Support Detachment in London, England. While there she had very interesting collateral duty as a member of the Space Shuttle Support Team on standby alert in the event of an emergency.

Since 1984 Warrant Officer Stone has been stationed in the Bay Area. She was first stationed at the Navy Recruiting District, San Francisco before reporting to the Clinics Command. From there she reported aboard the hospital ship USNS Mercy on a TAD basis where she served as the Operating Management Division Chief. Some of her duties on board included supervising the combined force of 19 Yeoman and personnelmen in the Admin Section. She also helped the postal and public affairs offices. During the Medical Community Action Program (MEDCAP) phase of the ship's humanitarian mission to the Philippines, Warrant Officer Stone was also in the mainstream of action escorting patients and assisting in the orderly control of patient flow.

"I enjoyed serving in the medical community very much," said Warrant Officer Stone. "It provided me greater respect for the corpsmen's ability to work effectively outside their rating and doing work that

would be normally assigned to yeomen and personnelmen."

Warrant Officer Stone knows her future will definitely be different as an officer. "As an officer there will be more responsibilities and accountabilities for more things. There will be more stress put on intangible areas such as mission support, seeing the big picture and taking care of personnel but I'm always ready for the challenge."

And for anyone desiring to become an officer just like herself, Warrant Officer Stone had this to say: "It's important to start planning now for your career. Sea duty is important, however, diversity of assignments is equally important, and most candidates complete

For certain beneficiaries

CHAMPUS raises DRG cost-share

After a year of using pre-set rates for inpatient services under the CHAMPUS diagnosis-related group (DRG) payment system, CHAMPUS is raising the cost-share for all beneficiaries other than active-duty dependents. The new cost-share, effective for most hospital admissions occurring on or after Oct. 1, 1988, will be the lesser of 25 percent of the billed charges of a fixed, daily amount of \$210.

As a result of using DRGs, CHAMPUS has been paying less for hospital care, but the daily hospital costs have increased. And even though the average length of stay in hospitals has decreased, the cost for each day has increased, requiring that CHAMPUS raise the daily amount.

CHAMPUS beneficiaries who are not active-duty dependents won't be paying a greater share of the billed hospital charges, despite raising the daily rate from \$175 to \$210. The cost-share for other than active-duty dependents will never be more than they were paying under the former CHAMPUS procedures, and will usually be less.

Active-duty dependents will continue to pay a small amount for each hospital day or \$25 for each admission, whichever is greater.

CHAMPUS beneficiaries who have questions about DRG payments should contact the Health Benefits Advisor at the nearest military hospital or clinic.

Alameda corpsmen deliver baby

Continued from front page

own. DaMour has two daughters, Amy and Stacey; Clark has two sons, Joshua and Derick, and a daughter, Ashley. Being "family men," makes this experience particularly special for them.

A week later, Janet Krehemker, who was already a mother of two, Melissa and Jennifer, was surprisingly lively when Clark and DaMour visited their "delivery". None of the family, in fact, seemed the worse for wear after what could have been a traumatic experience. The baby was pronounced a "nine" on a scale of one to ten when it arrived at the hospital, based on coloring, skin tone and responsiveness. The two young girls are helping mom with the new baby. "Sometimes a little bit too much," she said, laughing and dad looks

very proud, a little tired, and relieved it's all over.

Things are back to normal at the Alameda Naval Clinic and the level-headed Clark and DaMour are back to their daily routine. "We were concerned about the emergency nature of the delivery, but we're very proud of the way they handled themselves," said Lt. Cmdr. Astrachan.

And so, the story has a happy ending, or beginning, depending on which way you look at it.

Oh—one more thing. It's a boy! Patrick Allen Krehemker was born at 10:35, August 13, 1988. He is the first son, the first grandson and the first product of the Clark-DaMour, "under pressure, keep your head" teamwork.

many military correspondence courses. Many complete up to 15 to 20 courses."

Warrant Officer Stone will be reporting to the Pensacola-based training aircraft carrier USS Lexington (AVT-16) for her next assignment.

Warrant Officer Cristina Stone is all smiles while being elevated to her new status. (Photo by AN Debbie Davis)



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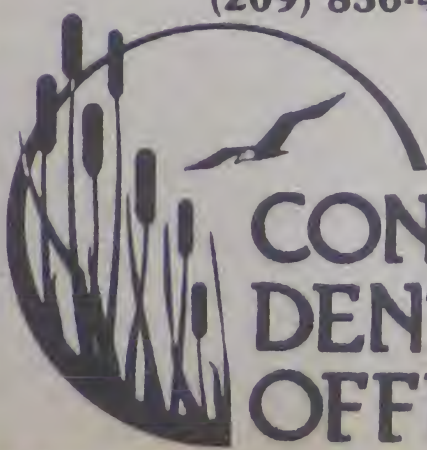
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Accompanied by Assistant District Attorney Kathryn Murphy (Kelly McGillis, right) and Detective Duncan (Terry David Mulligan, left), Sarah Tobias (Jodie Foster) returns to the bar where she was assaulted in Paramount pictures' "The Accused."

'The Accused'

Sarah Tobias is assaulted and nobody helps her. When she cries for justice nobody hears her. Except one lawyer. Together, Sarah and Assistant District Attorney Kathryn Murphy bring to trial the people as dangerous as the men who committed the crime — the witnesses who let it happen.

What is the responsibility of someone who witnesses a violent crime? In "The Accused", onlookers encourage a devastating assault in the game room of a bar. One woman's shocking ordeal changes her life and the life of the lawyer assigned to prosecute the case.

Kelly McGillis is Kathryn Murphy and Jodie Foster is Sarah Tobias in "The Accused", a contemporary drama from the producers of "Fatal Attraction." The Jaffe/Lansing production was directed by Jonathan Kaplan from an original screenplay written by Tom Topor. The film was produced by Stanley R. Jaffe and Sherry Lansing for the Motion Picture Group of Gulf and Western's Paramount Pictures Corporation.

"The Accused" is rated "R" and currently shown at theaters throughout your area.

Dental Notes

Pediatric Dentistry



by Lt. Cmdr. C.D. Cherry, D.C.

Eruption in the Primary and Permanent Dentition

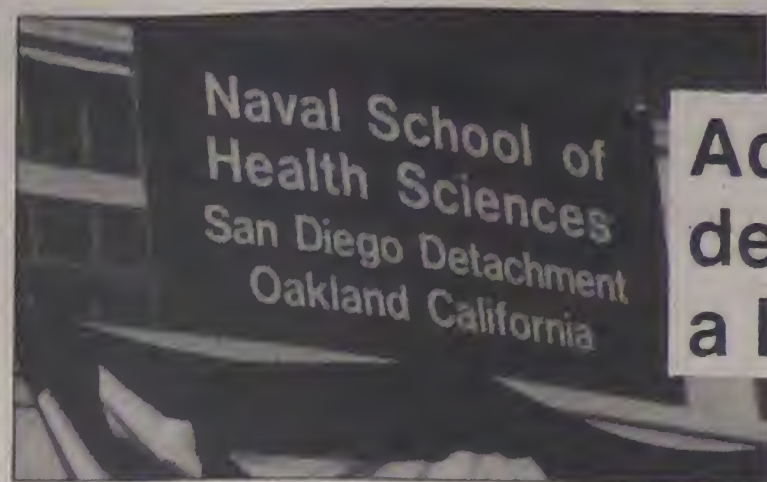
Teeth begin to form as early as four to six weeks in utero. Calcification has usually begun by 14 to 19 weeks for all primary teeth. The primary teeth begin to erupt into the mouth at about 6 months of age, give or take 6 months to a year. By three years of age, all 20 primary teeth are usually erupted and fully formed. The permanent teeth begin to form at or shortly after birth. As a general rule, teeth begin to move towards the oral cavity following the completion of crown formation. If a primary tooth is lost prior to the completion of crown formation of the permanent successor, eruption of the permanent tooth will generally be delayed; if the primary tooth is lost after completion of crown formation, eruption will usually be enhanced. The first permanent teeth, with the exception of the third molar, are in occlusion and fully formed by 14 to 16 years of age. Incisors and molars generally erupt with approximately half of the root development completed. Premolars usually emerge with approximately three quarters of the root developed. Within reason, contralateral teeth should erupt at about the same time.

Oral Habits

Bruxism occurs in 15% of all children and young adults to some degree, especially at night. Bruxing is often seen in nervous children. Occlusal prematurities or interferences of the teeth may act as a trigger to initiate grinding.

Forty-five percent of all children suck their thumb at some time. Seventy-five percent begin the habit within the first three months of life. Twenty-five percent begin during the 3 month to 1 year period. There may be some decrease in the habit with the change from sucking to chewing during weaning. It usually stops at about 3-8 years.

The anterior tongue position is also known as, "tongue thrust" or "infantile swallowing." Anterior tongue position can cause or maintain an anterior open bite seen in 6% of 6 to 11 year olds. Protrusion of the maxillary incisors and lisping can also occur. The change from an infantile swallowing pattern starts during the first year, but is not completed before the age of five or six. Therefore many preschoolers may have an infantile swallowing pattern. Thumbsucking may delay the transition until the child is into the early mixed dentition stage. A spontaneous closure of an anterior open bite can occur at up to 10 years of age.

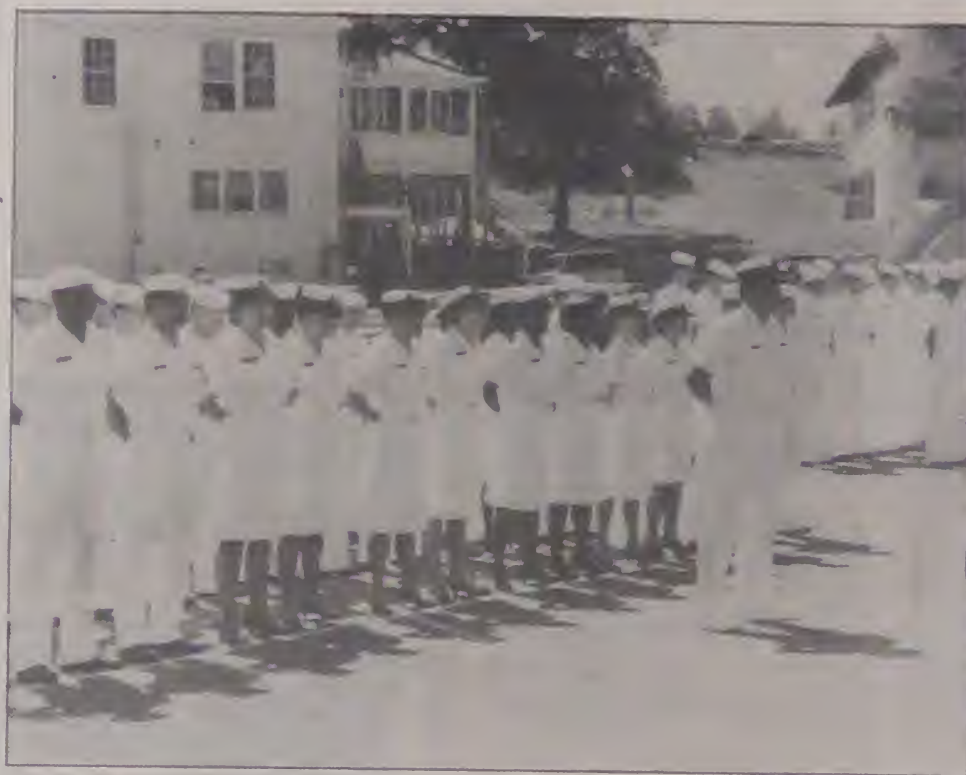


Highlights

Advanced schools' dedication ceremony a big milestone

Photos (clockwise): A new sign that promises a new educational dimension; Lt. Cmdr. Thea Bratton, MSC, the detachment's Officer-in-Charge, cuts the ceremonial cake while Cmdr. Shirlee Hicks, NC, looks on; Capt. Gordon Strom, Naval Hospital, Oakland's Commanding Officer, gives optimistic remarks as the principal guest speaker; Advanced schools students proudly stand in formation as part of the history-making event.

Photos by
AN Debbie Davis



Safety tips for a happy halloween

Halloween nights can be great for kids as they dress up in their favorite costumes and trek through the neighborhoods looking for the best treats. Parents can keep it fun by making safety checks before and after they go out. The U.S. Consumer Product Commission offers a few tips.

When selecting a costume, mask, beard or wig, make sure all are labeled "Flame Resistant." In case one of the items catches fire, the material can easily be extinguished once removed.

Avoid buying or making baggy sleeves or billowing skirts to reduce the chances of a brush with a lit jack-o'-lantern igniting costume.

Apply face make-up rather than buying a mask that might restrict breathing or obscure vision. If you do use a mask, make sure the eye holes are large enough for the child to see through.

If the costume comes with a sword, knife or otherwise accessories, make sure these items are made of soft, flexible material.

Make sure the child's shoes fit securely to prevent tripping or falling. Secure hats and scarves to keep from restricting the child's breathing or vision. Also, put reflective tape in costume. The tape will glow in the beam of a car's headlights.

These safety checks before the trek for treats. You may call for a dress rehearsal a few days before the Halloween, so take the time for

it in case you need to make any adjustments. Then when it is Halloween and time for the children to be off, make some more safety checks:

- * Make sure children are "chaperoned" by an adult or responsible teenager.
- * Tell them to enter homes or apartments only if their chaperone accompanies them.
- * Make sure they carry a flashlight so they can see and be seen.
- * Remind them to walk on the sidewalk rather than in the street.

* Tell them to watch for obstacles like toys or hoses on steps, lawns or porches. Make a safety check at your own home to remove any obstacles for visiting goblins or gypsies.

* When the foragers return home, check their treats. If you suspect any thing, such as un-wrapped candy or a piece of fruit with a cut, throw it away.

Parental safety checks before and after trick-or-treating keeps it fun for everyone.

Halloween party at E-Club set

Haven't you always wanted to be Wonder Woman, Sherlock Holmes, Batman or other fascinating characters at one time or another in your life. Well, now is your chance to fulfill your fantasy and have fun at the same time.

On Oct. 29, the Enlisted Members' Club will celebrate its annual halloween costume party, and as usual there'll be a galore of prizes and surprises.

The party begins at 5:30 p.m. with a special dinner till 9 p.m. followed by the costume contest.

DoD revises HIV-policy

□ Active duty personnel testing positive will be evaluated medically for fitness for duty in the same manner as personnel with other progressive diseases. To protect the health and safety of all concerned, service secretaries can limit, case by

There's no entrance fee for the contest and prizes will be awarded to the winners.

The best costumes will be decided by a panel of judges. No obscene costumes will be allowed according to contest organizers. All military personnel and their guests are welcome to participate. Meanwhile, volunteers are needed to serve as judges. For further information call Senior Chief Rey Mocencio at 6044.

Come and express your halloween taste at your club.

Continued
from page 4

case, the assignments of members testing positive.

□ Reserve component members who test positive are ineligible for extended active duty (duty for more than 30 days) except under conditions of mobilization.

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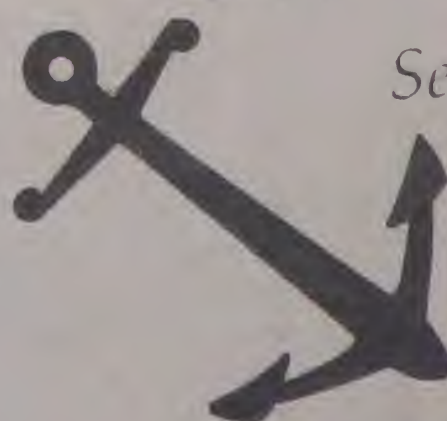
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"Diplomacy: the art of jumping into troubled waters without making a splash."

-Art Linkletter
humorist

NORWESTER

The Voice of the Naval Medical Command, Northwest Region

Oak Knoll's lab accredited by CAP

The laboratory at Naval Hospital, Oakland, California, has been awarded a two-year accreditation of the College of American Pathologists (CAP), based on results of a recent on-site inspection.

John D. Bätjer, MD, FCAP, Commission Chairman, advised the laboratory of this national recognition and congratulated its staff for the "excellence of the services being provided." The Naval Hospital is one of the 3,600 CAP-accredited laboratories nationwide.

Critical certification

"First of all, it's a critical certification," said Commander Donald Greenfield, M.C. Head, Laboratory Department, Naval Hospital, Oakland. "It represents the highest standards to which we aspire. To be accredited by our peers means a lot to us. They know that they're looking for and the end of problems we have."

CAP is much more stringent and thorough in the certification process than the Joint Commission on Accreditation of Healthcare Organization (JCAHO) according to Cmdr. Greenfield. "The JCAHO

won't send inspectors if you are already accredited by CAP," he said.

Begun in the early 1960s, the College's program was the first peer-review program for clinical laboratory accreditation. Even before government agencies mandated it, pathologists voluntarily inspected and accredited laboratories to maintain the highest quality laboratories possible.

Today the CAP Laboratory Accreditation Program is one of the few, recognized by the federal government as requiring adherence to standards equal to or more stringent than the government's own. The program itself is one of the most rigorous a laboratory can experience and may require up to a year of advance preparation by the laboratory staff.

Well-qualified pathologists

The program uses unpaid but well-qualified volunteer pathologists, doctoral scientists, medical technologists, and pathology residents from College-accredited laboratories to inspect and evaluate laboratory services and provide unbiased consulting services to the

laboratory. Each inspection team is headed by a board-certified pathologist with specialized training in the inspection process.

The inspectors examine the records and quality control of the laboratory for the preceding two years, as well as the education and qualifications of the total staff, the adequacy of the facilities, the equipment, laboratory safety, and laboratory management to determine how well the laboratory is serving the patient.

No discrepancy

"CAP identified no discrepancy in our lab," said Cmdr. Greenfield, who reported to the hospital in July 1987. At that time, the laboratory dept. was undergoing a self-interim inspection. Its previous accreditation had expired. "I've been in all the Navy labs around the world and the one at Oak Knoll is the finest.

"We have an amazing combination of military and civilian technologists working together. Their number one concern is the welfare of the patients. We put out the finest quality in patient support and we are responsive to persons who use the lab. It is our goal to im-

prove whenever it is possible to improve."

Cmdr. Greenfield also acknowledged the strong leadership at the hospital as a major contributing factor for the successful accreditation of its lab. "It motivates people to work in harmony," he said. The lab has a complement of 35 civilians and 65 military members. "My folks are professional, dedicated and very knowledgeable."

On the subject of quality control, Cmdr. Greenfield said the military has the finest quality assurance program there is. "We were already doing quality control when the word was foreign to most people. We are the forerunner. We have

evolved the finest as we can get in terms of quality assurance."

What about the budgetary constraints which have affected most services at the hospital?

"It makes it harder for the personnel to achieve our goal," Cmdr. Greenfield pointed out. "We don't do mediocre jobs. We only put out the best products. So far we have not cut off any of our services but we are facing that possibility if we don't receive the money we asked for. We just don't provide less than the best service."

The College of American Pathologists is a national medical specialty society of physicians certified by the American Board of Pathology.

At Nav Hosp Oak Harbor

Yearly vaccination program underway

The annual Navy Influenza Program that runs through Jan. 89 is well underway at Naval Hospital, Oak Harbor. The move is in accordance with Navy regulations, and as outlined by the hospital's policy, all military personnel are required to have this immunization unless specifically excused by medical authority. Flu vaccine is also available to dependents and retired personnel as long as the supply lasts.

Immunizations are given at the hospital's Immunization Clinic. To avoid confusion and overcrowding, flu shots will be given Monday through Friday from 9 to 11:30 a.m. for active duty personnel. Dependents may receive their flu shots Wednesday and Friday from 8 to 11:30 a.m. and from 1 to 3:30 p.m.

All servicemembers are reminded to take their medical record and shot card (if they have one), to the Immunization Clinic. For those without records, a slip will be provided which can be placed in the immunization record. Personnel will be required to remain at the clinic for 10 minutes following the immunization to detect adverse reactions to the shot.

Anyone who has been ill, is pregnant, or is allergic to eggs should seek the advice of a physician before taking the immunization. Those who have not received a flu shot within the last five years should also check with their physicians.

Influenza (flu) is often characterized by the abrupt onset of fever, sore throat, and a non-productive cough. Unlike other respiratory infections, the flu virus may cause extreme malaise or weakness lasting for several days and may be accompanied by a soreness in the back, arms and legs.

Although most people are ill for only a few days, thousands of people die nationwide each year from flu-related complications. A more severe illness may occur if the flu virus invades the lungs or if a secondary bacterial infection occurs.

Because the virus that causes the flu often changes, people who have been inoculated previously, or have had the flu in prior years may not be immune to this year's strain. This year's flu shot will protect against A/Taiwan/1/86, A/Sichuan/2/87, and B/Victoria/2/87.



HMI Hugh Buehler gives Lt. Robert Padula his flu shot. (Photo by Lt.j.g. Richard Haworth)

Thanksgiving Day Message from the Secretary of Defense to Members of the Armed Forces

The national security of the United States has no days off.

This Thanksgiving, when Americans gather in their homes to give thanks to God for the blessings of the past year, thousands of your fellow American Soldiers, Sailors, Airmen, and Marines will be manning their posts.

As Americans sit down for the traditional Thanksgiving feast, I hope they remember their best blessing of the year: Peace. It is through your diligence and devotion to duty that our country continues to enjoy this blessing.

This past year has not been without sacrifices as we maintained our vigilance in defense of American interests. To your credit you performed these duties in a professional manner and with a "can do" attitude. More than anything else, our readiness ensures that our adversaries will not doubt the resolve of the United States or the meaning of our actions.

As Americans share the closeness of this day with their families, American service men and women will be doing what they do every other day of the year — guarding our country and the freedoms we hold dear. It is not an easy job, but you are doing it superbly.

I hope all Americans remember you today as they count their blessings and thank God that our nation has produced sons and daughters like you.

Happy Thanksgiving.

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the Chaplain's Corner

by Commander Wayne Bouck, CHC

It is Good to Give Thanks

"It is a good thing to give thanks unto the Lord." Psalm 92:1

1. It is good to give thanks for it glorifies God. "Whoso offereth praise glorifieth Me." Psalm 50:23

2. It is a good thing to give thanks, for it tends, along with prayer, to keep our hearts in peace. There is a wonderful command in the Philippians 4:6-7, that if obeyed guarantees peace in the heart for God's people. "Be careful for nothing, but in everything by prayer and supplication with thanksgiving...let your requests be made known unto God, and the peace of God which passeth understanding, shall keep your hearts and minds through Jesus Christ." So, you see that the giving of thanks is one of the vital elements in this command.

3. It is a good thing to give thanks, for by so doing, you are doing the will of God. "In everything give thanks for this is the will of God in Jesus Christ, concerning you." 1 Thess. 5:18.

Some people foolishly "thank their lucky stars" for the so-called "good luck" that is theirs. This is vain superstition. Let us, His people, always remember that! Read James 1:17 for the proof.

Up-close

HM2

Christopher Weaver

GEOCOM Staff



Date joined the Navy: November 10, 1981

Workcenter: Education and Training Dept.

Job Description: Provide current course information, publicity and training record reviews as required by the command in-service program; maintains ongoing liaison with COMNAVMECOM and HSETC regarding specific course participation of Northwest Region personnel at the echelon 4 commands.

The most challenging part of my job is : keeping GEOCOM "on track" with all education and training taskings.

Hometown: Baltimore, Md. — home of Fort McHenry and the frigate USF Constellation.

Hobbies: Poetry, jazz and bowling (in that order)

Likes: Traveling, investing in stocks, bonds and mutual funds, and reading the "Wall Street Journal" (in that order)

Dislikes: "Busy work" — doing meaningless tasks just to let the time pass. Time is valuable.

Role model/heros: Jesus Christ — without possessing your beliefs, all things would not be possible.

If I could do it over again, I'd: start investing my money at an earlier age, otherwise, I wouldn't change a thing.

I wish I could stop: giving advice to those people who refuse to take it.

I respect myself for: achieving those tasks which others would classify as "impossible" to complete, in other words meeting the challenge.

My immediate goal is: to become a physician's assistant so that I may pursue a private practice in the civilian sector.

Public Health Service to mark 100th birthday

The officers of the Commissioned Corps of the U.S. Public Health Service are preparing to celebrate their 100th anniversary as a formal uniformed service on Jan. 4, 1989. All Public Health Service Officers are medical professionals—chiefly doctors, nurses, dentists and pharmacists. Career progression in the corps is the same as it is in the Navy. C. Everett Koop, Surgeon General of the Public Health Service is part of the Department of Health and Human Services.

Although the commissioned corps was not formally designated until 1889, Public Health Service officers have supported wartime health care requirements since 1798, when the Marine Hospital Service was founded to provide medical care to American seamen. During the War of 1812, its officers cared for wounded American seamen and British prisoners of war. They also provided health care for both the North and South during the Civil War, when Marine Hospital Service hospitals were converted to military hospitals.

Renamed

The Marine Hospital Service was renamed the Public Health Service in 1912, and Public Health Service officers provided support and service to the war efforts in World Wars I and II, Korea and Vietnam. For example, in World War II they served on cargo ships to care for merchant marine seamen, who were subject to enemy attacks while transporting supplies to American troops. In Vietnam, they worked beside military doctors in evacuation hospitals.

Members of the Public Health Service Commissioned Corps serve as medical officers on U.S. Coast Guard vessels.

Corps medical officers also pro-

vide health care to Native Americans through the Indian Health Service, to persons with leprosy and to inmates of federal prisons. Officers detailed to the Environmental Protection Agency provide medical expertise concerning the effects of hazardous substances.

They also serve in leadership positions in the seven operating agencies of the Public Health Service. These are: the Alcohol and Mental Health

Administration; the Centers for Disease Control, the agency charged with providing leadership in preventing and controlling diseases; the National Center for Environmental Health Statistics; the National Center for Health Services Research and Health Care Technology Assessment; the Indian Health Service; the Food and Drug Administration; and the National Institutes of Health.

DoD and PHS:

Prepared for emergency

by Evelyn Harris
American Forces
Information Service

A conventional war is declared. Active and Reserve Army, Navy and Air Force medical personnel are deployed to Europe, leaving military hospitals in the United States understaffed. Stepping into the breach: medical professionals from this country's seventh uniformed service, the United States Public Health Service Commissioned Corps. Besides the military services, including the Coast Guard, the National Oceanic and Atmospheric Administration also has uniformed officers.

MOU signed

DoD and the Public Health Service recently signed a memorandum of understanding making this scenario possible. The agreement also provides for Public Health Service officers to serve in military hospitals in the event of a national emergency. If necessary, Public Health Service Commissioned Corps of Officers may be deployed overseas to meet theater health-care requirements.

The 10,500 commissioned officers of the Public Health Service is the largest source of uniformed medical personnel outside of DoD. Although Public Health Service officers have provided manpower to DoD when requested times of war and peace, they never had a pre-emergency written agreement spelling out how to coordinate emergency medical preparedness initiatives and share information. The new three-year agreement sets this process in motion.

Working together

Under it, DoD and the Public Health Service will work together on formulating the mobilization plans. A senior Public Health Service officer is assigned to the Organization of the Joint Chiefs of Staff for that purpose.

Degree of need

The number of Public Health Service officers assigned to DoD in a national emergency would depend on the degree of need, but would be fewer than the full Public Health Service complement of 10,500. This is because of other obligations the Public Health Service would have

CNO: Navy will survive short-term cuts

The Navy, strengthened by eight years of growth and modernization, will continue to meet its commitments and maintain its readiness in the next administration, according to Chief of Naval Operations Admiral Carlisle A.H. Trost.

"Over the long term," Trost said, "we are going to have to count on the fact that Congress and the American people recognize the value of our contribution, and that they are committed to preserving the key elements of our strength."

Speaking at the U.S. Atlantic Fleet change of command, the CNO said the Navy had escaped from the years of abandonment following Vietnam — a time when sailors suffered from low pay, back-to-back deployments, equipment that wouldn't operate and a lack of

spare parts — with the renewed interest in the Navy from the American people and the present administration.

"The Navy today . . . has greatly benefited from a wise investment by the Congress and the American people in our national defense," Trost said. "Our ships and aircraft are the most modern and capable in the world . . . and we have recruited and are retaining the right people, generally in the right

numbers, to serve in our fleets."

Trost said the Navy's current success will continue to be challenged by budget cuts, but that the Navy will "meet the challenges head-on and overcome them."

Trost praised the outgoing Atlantic Fleet Commander, Admiral Frank B. Kelso II, for his leadership of the Atlantic Fleet, which had "superb record in every area . . . from combat readiness . . . to taking care of Navy people." Admiral Powell F. Carter, the former U.S. representative to NATO's Military Committee, takes over the 312-ship fleet. Admiral Kelso will relieve Admiral Lee Baggett Jr. Nov. 22 as Supreme Allied Commander Atlantic and Commander in Chief, U.S. Atlantic Command.

Special company of Illinois recruits formed

Eighty-two young men, from every corner of the state of Illinois, were inducted into a special recruit company for USS Abraham Lincoln (CVN 72) by Illinois Governor James R. Thompson at the Old State Capitol in Springfield, Illinois.

The Illinois sailors will report to the NIMITZ-class aircraft carrier after boot camp and "A" school, in time for the ship's commissioning in November 1989.

During the swearing-in ceremony, Recruit Company Commanders Chief Aviation Electronics Technician Robert L. Ward and Postal Clerk First Class Mark R. Schemel, were presented a state flag which once flew over Lincoln's tomb and his home in Springfield. The recruit company will carry the flag throughout boot camp until their Dec. 9 graduation. The flag will then be displayed in the "Lincoln Room" aboard the carrier.

Let Us Give Thanks

You are cordially invited to attend an Interfaith Thanksgiving Service at 1100 on Wednesday, 23 November 1988 in Naval Oakland's Clinical Assembly Auditorium (located on the third floor).

The internationally known choir from Castlemont High School, "THE CASTLEERS" — a group of twenty high schoolers who have performed before many celebrities, including First Lady Nancy Reagan — will be bringing a medley of songs in commemoration or Thanksgiving.



NORWESTER

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Commander

Diane LaMacchia
Public Affairs Officer

JO1 Dan Guiam
Editor

JO3 Tammy Begasse
Staff Writer

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orWords:

What are you thankful for this Thanksgiving Day?

by SN Mark Herrington

Admiral David Lichtman, Commander, Naval Medical Command, Northwest Region, stated that the North-Region had the "best" reputation of all eight GEOCOMS. This year I am thankful to our people that we have measured up to that reputation in every way.



HN Nancy Bradley, Ward 6 West, Naval Hospital, Oakland

I'm very thankful for being in the Navy, because that's where I met and fell in love with my fiancé.



Eleanor Zabel, wife of a patient whose husband is confined at Naval Hospital, Oakland, is grateful and thankful to God for all the good graces He bestowed on her and my family, especially for their health, peace, and love."



Ens. Angela Nichols, NC, Ward 9 West, Naval Hospital, Oakland

I'm thankful I'm going home for some turkey with my parents.



Have a happy Thanksgiving!

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PRT Achievers

HM2 Humberto Madero gets a congratulatory handshake and Letter of Commendation from Lt. Cmdr. Thea Bratton, Officer-in-Charge, San Diego Naval School of Health Sciences, Oakland Detachment for achieving an overall outstanding mark in the command's recent PRT (Physical Readiness Times). HM1 Eduardo Decena (right) and HM2 Leroy Torrez also received similar recognition. The trio are "C" school students. (Photo by JO1 Dan Guiam)

Navy News from around the fleet

Two naval aviators were fined \$21 for parking their aircraft illegally on British road last month.

The unusual incident occurred when an S-3A Viking from USS Theodore Roosevelt (CVN 71) overshot a runway at RAF Abingdon, coming to rest on a nearby road. A British police sergeant came along and ticketed the aircraft for being "parked" on the road. Having made his humorous point, the sergeant tore up the ticket and let the crew off with a warning.

Fortunately, the crew received no injuries other than a tickled funny bone. The VS 24 Viking was on its way to the British Air Base to be used as a static display in an upcoming air show. The slightly-damaged aircraft was towed back to the air base after the incident.

A U.S. Navy destroyer and a Federal German Navy tanker collided Oct. 23 while operating in the North Sea with NATO's Standing Naval Force Atlantic (STANAVFORLANT).

There were no injuries aboard

USS Haylor (DD 997) or FGS Rhoen (A 1443). The Haylor was struck on its starboard side by the bow of the Rhoen. The extent of the damage to either ship is not known, but both departed the area under their own power following the accident.

USS Haylor serves as the flagship for STANAVFORLANT Com-

mander, Rear Admiral John S. Redd, who was embarked during the incident.

The two ships were part of an eight-ship NATO force conducting exercises in the North Sea. The Rhoen was replenishing a Norwegian frigate, and the Haylor was maneuvering in the vicinity at the time of the collision.



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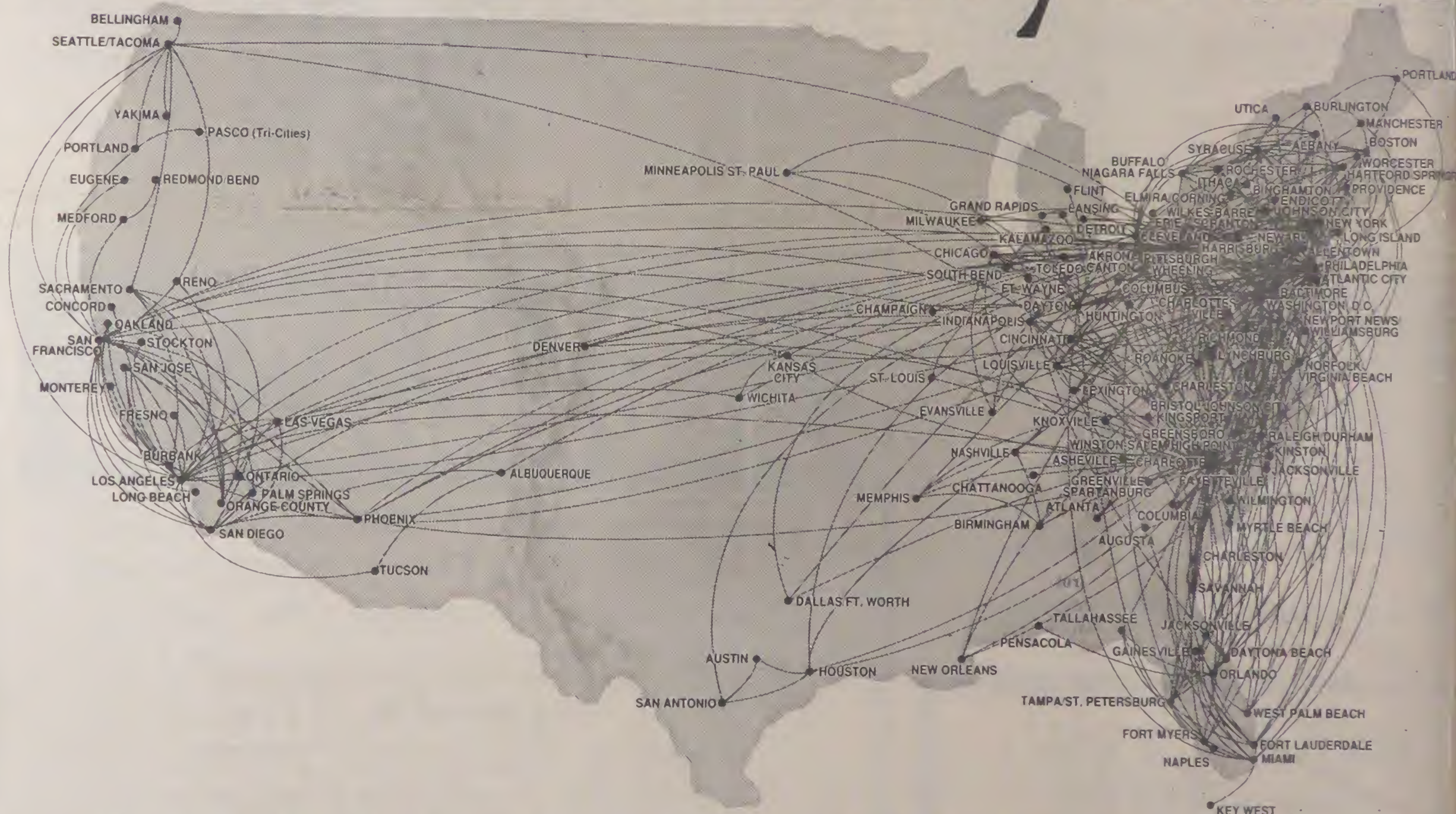
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THANKSGIVING THANKSGIVING THANKSGIVING THANKSGIVING TH

By Alice Boyd
American Forces
Information Service

Once again, it's time to stuff the holiday turkey.

Perhaps you've already decided to skip the mess hall or club and do the job yourself. If you have, keep in mind that turkey plus ptomaine-causing bacteria equals food poisoning. Unless turkey (or any other food) is kept clean and at the proper temperature, bacteria start growing, according to U.S. Department of Agriculture turkey experts.

You should take extra caution in each step of preparing the bird. Frozen turkey should stay at 0 degrees Fahrenheit or below until time to thaw it. Refrigerate fresh turkey at 40 degrees Fahrenheit or colder until time to prepare it.

Preparing Turkey

Step 1: Thaw it. Thaw turkey according to directions found in most basic cookbooks to prevent bacterial growth. Thawing time varies, depending on thawing procedure and size of the bird.

In the refrigerator, thawing

Talking (Ptomaine) Turkey



might take from one to five days; in cold water, it can take from four to 12 hours; in the microwave, follow the instructions in your owner's manual or cookbook.

Step 2: Wash it. After thawing, remove the giblets and neck from inside the body. Then wash the

turkey inside and out with cold water and drain it well. Also, anything that can touch the raw turkey — hands, utensils, sink — should be thoroughly washed with soapy water to prevent bacteria from spreading.

Step 3: Stuff it. Do this just before cooking. It's risky to stuff the turkey yourself in advance because bacteria can multiply in the stuffing. However, it's OK to mix the dry ingredients early and add the perishable ones prior to cooking. Or refrigerate everything until you're ready. Then stuff loosely to allow for expanding. And remove all the stuffing from the bird right after cooking.

Step 4: Cook it. Follow the hours-per-pound directions. The inside temperature of a stuffed turkey must be hot enough to cook the dressing—normally 180 degrees Fahrenheit. Undercooking risks bacteria growth. Cooking times will vary with the size of the bird.

For example, at 325 degrees Fah-

renheit, an unstuffed, 6-pound turkey takes 2 1/4 to 3 1/4 hours to cook. A stuffed 6-pounder takes three to 3 1/2 hours to cook. In comparison, a 24- to 28-pound unstuffed turkey takes five to 6 1/2 hours, while a stuffed one the same size takes seven to 8 1/2 hours.

To make broth for the gravy, wash the giblets, then simmer them until the color changes from pink to gray (about an hour and a half or more). Add the liver during the last 15 minutes to half hour of cooking.

Storing Turkey

Turkey shouldn't go unrefrigerated for more than two hours after cooking. Once refrigerated, it will keep up to four days. However, storing leftovers after dinner is usually the last stage of the holiday meal. Department of Agriculture turkey experts recommend dividing leftovers into small portions and storing them in small or shallow containers. Eat gravy and stuffing within two days and frozen leftovers within 30 days.

These are the basics for preparing a turkey. For more information on how to buy, thaw, stuff, roast, carve or store your holiday feast, the Department of Agriculture's meat and poultry hotline can assist you. Dial toll-free 1-800-535-4555 (447-3333 in the Washington, D.C., area). Hours: Daily, 10 a.m. to 4 p.m.; except Nov. 1-30, 9 a.m. to 5 p.m.; on Thanksgiving Day, the lines will be manned from 8 a.m. to 2 p.m.—all Eastern Standard Time.

Puttin' Some Meaning in the Holiday

By LCDR John Woodhouse

WASHINGTON (NES) . . . Ah, Thanksgiving." PN2 Willie files lounged back in his chair as he dreamed of turkey, cranberry sauce, sweet potatoes and pumpkin pie.

"Yup, I seem to gain weight each time I just think about how much I overeat each year. This year, my family is going to try to think about the holiday a little differently though," mused YNC Bill Spread.

"What do you mean by that?" asked Files.

"Well, in the past, we've tended to look at this holiday as a time to sit with family and to gorge ourselves on too much food. If we've thought beyond that, I suppose that a day off from work and a football game also mark this holiday."

"Well, that's what Thanksgiving is all about, isn't it?" interrupted Files.

"If you'd let me finish," started the chief, "I was going to say that this year we're gonna make a special effort to bring a little more meaning to this holiday. Both my wife and I have been working with our church's food for the needy program, and we've begun a family list of things we want to remember to be thankful for this year."

"What kinds of things you put on your list?" asked Files.

"Well, things like the fact that, in spite of the trouble the old economy has been having, we've done pretty well. We're not living like kings, but we're not hungry, and the bills seem to get paid."

"And there's the fact that the family has been pretty healthy this year. In a world filled with things that cause cancer and ways of hurting yourself, a family has gotta feel pretty thankful if they make it through the year in one piece."

"And, in spite of the troubles happening throughout the world, our nation is still at peace. I really believe that we, as Navy men and women, have played a vital role in keeping that peace, and I'm thankful that we've been successful," said the chief, who then seemed to

drift off into his thoughts.

"Ya know Chief, I think you're right. Maybe it's time we all spent just a few minutes more really thinking about what Thanksgiving is all about. We really do have just as much to be grateful for as those original pilgrims who started this

tradition. At least I'm gonna start thinking about it more," said Files.

"Well, that's a start," said Spread. "Have a nice holiday, Files."

"You too, Chief."

Reprinted from Trident Tides, Nov. 19, 1981.



Career Notes

Selective Reenlistment Bonus

The Selective Reenlistment Bonus (SRB) Program is alive and well for Fiscal Year 1989. The President recently signed legislation which authorizes and funds the program. SRB requests should be made following the latest SRB Award Level Plan, which is explained in NAVOP 081/88, and OPNAVINST 1160.6A.

Damage Control Training Plan

Damage control training will now be a more clearly defined part of officer and enlisted career paths.

The damage control continuum training plan, developed by the Deputy CNO for Manpower, Personnel and Training and the Commander, Naval Sea Systems Command, will contain total damage control and firefighting training requirements for all hands assigned to ships and submarines. The plan will specify who will receive what training; at what career point that individual will receive that training; and whether that training will be provided at a formal school or on-board.

Your Life Will Be Richer—If

- On this day, you will make an effort to:
- Mend a quarrel.
- Search for a forgotten friend.
- Dismiss a suspicion and replace it with trust.
- Write a letter to someone whom you miss.
- Encourage someone who has lost faith.
- Forget an old grudge.
- Examine your demands on others and how to reduce them.
- Fight for a principle.
- Express your gratitude.
- Overcome an old fear.
- Take two minutes to appreciate the beauty of nature.
- Tell someone you love them.

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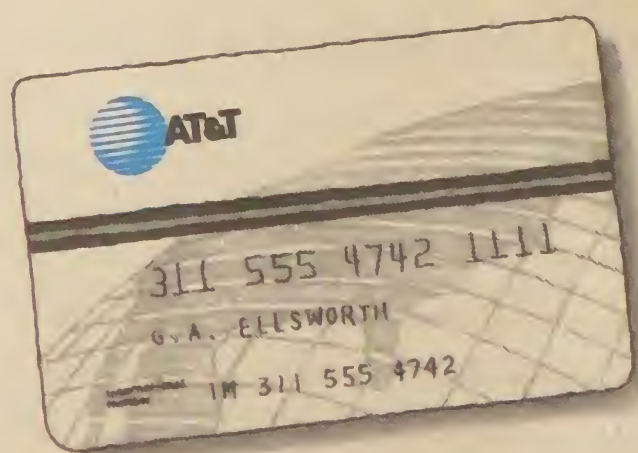
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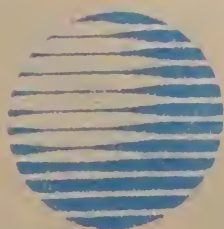
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AT&T CARD APPLICANT INFORMATION

Applicant's Full Name (Last, First, Middle)		Date of Birth	Social Security Number	
Home/Street Address (permanent)		Apt #	City	State Zip Code
Home Telephone Number (permanent) ()	How long at address yrs. mos.		Number of Dependents Including Spouse	
Home Telephone is <input type="checkbox"/> In own name		If so, do you want your AT&T Card Calls billed to your home phone		<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> In spouse's name		<input type="checkbox"/> In parents' name		<input type="checkbox"/> Other
Previous Home Address		City	State	Zip Code
		How long at previous address		yrs. mos.
Name of Parent/Guardian		Address	City	State Zip Code
		Parent/Guardian Telephone No. ()		
Are you a U.S. Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No		Citizenship		

MILITARY AND EMPLOYMENT INFORMATION

Branch Service	Base	Your Rank	Monthly Gross Pay \$
Present Residential Status	<input type="checkbox"/> Barracks <input type="checkbox"/> B.O.Q.	<input type="checkbox"/> Ship <input type="checkbox"/> Base House	<input type="checkbox"/> Rent/Lease <input type="checkbox"/> Own/Buying
Estimated Length of Present Assignment		Date of First Enlistment	Date Present Enlistment Expires
If Transfer Pending Give New Duty Assignment		Reporting Date	
Other Monthly Income \$	Source of Other Monthly Income	Income from alimony, child support or separate maintenance payments need not be revealed if you do not choose to have it considered as a basis for repaying this obligation.	

FINANCIAL INFORMATION

Credit references (include charge accounts, installment contracts, finance co., credit cards, rent, mortgages, etc.)
Give complete list of all amounts owing.

Name of Creditor	City/State	Type of Account	Monthly Payments	Balance Due
			\$	\$
			\$	\$
			\$	\$
Student Loan			\$	\$
Auto/Motorcycle (Yr. & Model)	Financed by		\$	\$
<input type="checkbox"/> Checking <input type="checkbox"/> Both Checking & Savings	Bank Name	City	State	
<input type="checkbox"/> Savings <input type="checkbox"/> No Checking or Savings				
<input type="checkbox"/> Checking <input type="checkbox"/> Both Checking & Savings	Bank Name	City	State	
<input type="checkbox"/> Savings				

ADDRESS WHERE YOU WANT BILL MAILED

Address	Box #	City/State	Zip	Phone where you may be reached ()
---------	-------	------------	-----	---------------------------------------

I agree to pay for charges to the account in accordance with the terms of the applicable tariffs as explained in the AT&T Card account agreement which AT&T will send me when my application is approved. I understand that my account is subject to a maximum usage limit of \$100 for AT&T Card Calls, unless I have asked to have my AT&T Card Calls billed to my home telephone number.

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SIGNATURE: X

Date

Note: In order to be considered for an AT&T Card, you must complete and sign this application. Omission of any of the information requested in this application may be grounds for denial.

FOR RESEARCH ONLY

During an average month how much do you spend on long distance
telephone calls to places outside your area code? _____

FOR OFFICE USE ONLY

1989 Military and Fed. Employees Pay Rates

Commanders to get budget authority

By Jim Garamone
American Forces
Information Service

Imagine running your household budget this way: You set aside \$1,000 for painting. Your hot water heater breaks down, but you can use the paint money to fix or buy a new heater. The budget rules won't let you.

That's the way the installation commanders have had to work.

But this situation has changed since the inception of the United Budget Test. Six Defense Department installations conducted for test under the auspices of the Model Installations Graduate Program and the Office of the Secretary of Defense Comptroller.

The test produced positive results, and the services have already expanded it to include more bases and accounts.

In effect, a unified budget turns money over to installation commanders and lets them spend it where it will do the most good. They will be able to transfer funds from one account to another to better accomplish their mission. So, for example, if an installation has a mild winter and there is a surplus in the heating account, then the commander could use that money for training or maintenance. Transfers, of course, must not violate statutory or congressional restrictions.

The test was originally scheduled for three years, but ended after one. "We didn't need three years to determine that this program was worthwhile," said Sonny White, the deputy director of the graduate program.

The test allowed commanders flexibility in handling accounts. "You know, we're talking about people who are experienced and have the expertise and staff to get the job done. If we trust them with millions of dollars worth of resources, why not let them make a \$1,000 decision if they need to," said White.

"These installation commanders are captains, colonels and generals and admirals - the best officers in the world. They could be some of the best financial managers if they had the flexibility. They know what it takes to accomplish the mission at their installations. In many cases, they know better than anyone else how to get the most defense with available resources.

"So, why not trust them to do the job without having everyone tell them what the funding priorities will be?"

A facet of the test was that installations could keep money saved or get credit for savings from one year to the next. "In the past, that money would have been turned in," said White. "In this program, the commander gets to keep the savings to spend in areas where it's needed."

The six installations participating in the test were: Fort Leonard Wood, Mo.; Fort Riley, Kan.; Naval Air Station, Cecil Field, Fla.; Marine Corps Logistics Base Albany, Ga.; Reese Air Force Base, Texas; and the Royal Air Force Base Lakenheath, United Kingdom.

Some examples of how the monies were managed include:

Fort Leonard Wood improved classroom facilities so basic training could be conducted with platooned units (50 people) rather than company-sized units (200).

Active Duty
Monthly Basic Pay Table
Effective Jan. 1, 1989

PAY GRADE	<2	2	3	4	5	6	8	10	12	14	16	18	20	22	24
YEARS OF SERVICE															
COMMISSIONED OFFICERS															
O-10	5710.80	5911.80	5911.80	5911.80	5911.80	5911.80	6138.30	6138.30	6478.80	6478.80	6875.10	6875.10	7115.10	7115.10	7558.50
O-9	5061.30	5193.90	5304.30	5304.30	5304.30	5304.30	5439.30	5439.30	5665.80	5665.80	6138.30	6138.30	6478.80	6478.80	6875.10
O-8	4584.30	4721.40	4833.60	4833.60	4833.60	4833.60	5193.90	5193.90	5439.30	5439.30	5665.80	5911.80	6138.30	6289.50	6289.50
O-7	3809.10	4068.00	4068.00	4068.00	4068.00	4250.40	4250.40	4496.70	4496.70	4721.40	5193.90	5551.20	5551.20	5551.20	5551.20
O-6	2823.30	3102.00	3305.10	3305.10	3305.10	3305.10	3305.10	3305.10	3305.10	3417.30	3957.60	4159.80	4250.40	4496.70	4877.10
O-5	2257.80	2651.40	2834.70	2834.70	2834.70	2834.70	2834.70	2920.50	3077.40	3283.80	3529.50	3732.00	3845.10	3979.20	3979.20
O-4	1903.50	2317.80	2472.30	2472.30	2472.30	2518.20	2629.20	2808.60	2966.40	3102.00	3237.90	3327.60	3327.60	3327.60	3327.60
O-3	1768.80	1977.60	2114.10	2339.10	2451.00	2538.90	2676.30	2808.60	2877.90	2877.90	2877.90	2877.90	2877.90	2877.90	2877.90
O-2	1542.30	1684.50	2023.50	2091.60	2135.40	2135.40	2135.40	2135.40	2135.40	2135.40	2135.40	2135.40	2135.40	2135.40	2135.40
O-1	1338.90	1394.10	1684.50	1684.50	1684.50	1684.50	1684.50	1684.50	1684.50	1684.50	1684.50	1684.50	1684.50	1684.50	1684.50
COMMISSIONED OFFICERS WITH OVER FOUR YEARS ACTIVE DUTY AS AN ENLISTED MEMBER OR WARRANT OFFICER															
O-3 E	0.00	0.00	0.00	2339.10	2451.00	2538.90	2676.30	2808.60	2920.50	2920.50	2920.50	2920.50	2920.50	2920.50	2920.50
O-2 E	0.00	0.00	0.00	2091.60	2135.40	2202.90	2317.80	2406.30	2472.30	2472.30	2472.30	2472.30	2472.30	2472.30	2472.30
O-1 E	0.00	0.00	0.00	1684.50	1799.40	1865.70	1933.20	2000.70	2091.60	2091.60	2091.60	2091.60	2091.60	2091.60	2091.60
WARRANT OFFICERS															
W-4	1802.10	1933.20	1933.20	1977.60	2067.30	2158.50	2249.10	2406.30	2518.20	2606.40	2676.30	2762.70	2855.10	3077.40	3077.40
W-3	1637.70	1776.60	1776.60	1799.40	1820.40	1953.60	2067.30	2135.40	2202.90	2268.60	2339.10	2430.00	2518.20	2606.40	2606.40
W-2	1434.30	1551.90	1551.90	1597.20	1684.50	1776.60	1844.10	1911.60	1977.60	2046.90	2114.10	2180.70	2268.60	2268.60	2268.60
W-1	1195.20	1370.40	1370.40	1484.70	1551.90	1618.80	1684.50	1754.10	1820.40	1888.20	1953.60	2023.50	2023.50	2023.50	2023.50
ENLISTED MEMBERS															
E-9	0.00	0.00	0.00	0.00	0.00	0.00	2096.10	2143.50	2192.10	2242.20	2292.30	2337.00	2459.70	2698.80	2698.80
E-8	0.00	0.00	0.00	0.00	0.00	1758.00	1808.10	1855.80	1904.10	1954.20	1999.20	2048.40	2168.70	2410.20	2410.20
E-7	1227.30	1324.80	1374.00	1422.00	1470.60	1517.40	1566.00	1614.60	1667.80	1735.80	1784.10	1807.20	1928.70	2168.70	2168.70
E-6	1056.00	1150.80	1198.80	1249.80	1296.30	1343.40	1392.90	1464.60	1510.50	1559.40	1583.10	1583.10	1583.10	1583.10	1583.10
E-5	926.70	1008.60	1057.50	1103.70	1176.00	1224.00	1272.60	1319.40	1343.40	1343.40	1343.40	1343.40	1343.40	1343.40	1343.40
E-4	864.30	912.60	966.30	1041.30	1082.40	1082.40	1082.40	1082.40	1082.40	1082.40	1082.40	1082.40	1082.40	1082.40	1082.40
E-3	814.20	858.90	893.40	928.80	928.80	928.80	928.80	928.80	928.80	928.80	928.80	928.80	928.80	928.80	928.80
E-2	783.60	783.60	783.60	783.60	783.60	783.60	783.60	783.60	783.60	783.60	783.60	783.60	783.60	783.60	783.60
E-1*	699.00	699.00	699.00	699.00	699.00	699.00	699.00	699.00	699.00	699.00	699.00	699.00	699.00	699.00	699.00
E-1**	646.20	646.20	646.20	646.20	646.20	646.20	646.20	646.20	646.20	646.20	646.20	646.20	646.20	646.20	646.20

Note—Basic pay is limited to \$6291.60 by Level V of the Executive Schedule OASD (FM&P) Aug. 22, 1988

* MORE THAN FOUR MONTHS
** LESS THAN FOUR MONTHS

Federal Civilian Employees
General Schedule
Effective Jan. 1, 1989

PAY GRADE	1	2	3	4	5	6	7	8	9	10
YEARS OF SERVICE										
GS-1	\$10,213	\$10,555	\$10,894	\$11,233	\$11,573	\$11,773	\$12,108	\$12,445	\$12,461	\$12,780
2	11,484	11,757	12,137	12,461	12,601	12,972	13,343	13,714	14,085	14,456
3	12,531	12,949	13,367	13,785	14,203	14,621	15,039	15,457	15,875	16,293
4	14,067	14,536	15,005	15,474	15,943	16,412	16,881	17,350	17,819	18,288
5	15,738	16,263	16,788	17,313	17,838	18,363	18,888	19,413	19,938	20,463
6	17,542	18,127	18,712	19,297	19,882	20,467	21,052	21,637	22,222	22,807
7	19,493	20,143	20,793	21,443	22,093	22,743	23,393	24,043	24,693	25,343
8	21,590	22,310	23,030	23,750	24,470	25,190	25,910	26,630	27,350	28,070
9	23,846	24,641	25,436	26,231	27,026	27,821	28,616	29,411	30,206	31,001
10	26,261	27,136	28,011	28,886	29,761	30,636	31,511	32,386	33,261	34,136
11	28,852	29,814	30,776	31,738	32,700	33,662	34,624	35,586	36,548	37,510
12	34,580	35,733	36,886	38,039	39,192	40,345	41,498	42,651	43,804	44,957
13	41,121	42,492	43,863	45,234	46,605	47,976	49,347	50,718	52,089	53,460
14	48,592	50,212	51,832	53,452	55,072	56,692	58,312	59,932	61,552	63,172
15	57,158	59,063	60,968	62,873	64,778	66,683	68,588	70,493	72,398	74,303
16	67,038	69,273	71,508	73,743	75,978	78,213	80,448	82,683	84,918	87,153
17	76,990*	79,556*	82,122*	84,688*	87,254*	89,820*	92,386*	94,952*	97,518*	100,084*
18	86,681*	89,500*	92,319*	95,138*	97,957*	100,776*	103,595*	106,414*	109,233*	112,052*

* The rate of basic pay payable to employees at these rates is limited to the rate of Level V of the Executive Schedule, which would be \$75,500.

SENIOR EXECUTIVE SERVICE

ES-1	\$68,700
ES-2	\$71,800
ES-3	\$74,900
ES-4	\$76,400
ES-5	\$78,600
ES-6	\$80,700

EXECUTIVE SCHEDULE

Level I	\$99,500
Level II	\$89,500
Level III	\$82,500
Level IV	\$80,700
Level V	\$75,500

Basic Allowance For Subsistence

OFFICERS \$119.61/MONTH

ENLISTED MEMBERS

E-1, LESS THAN FOUR MONTHS	ALL OTHER ENLISTED
----------------------------	--------------------

When on leave or authorized to mess separately: \$5.27/DAY \$5.70/DAY

When rations in-kind are not available: 5.95/DAY 6.44/DAY

When assigned to duty under emergency conditions where no messing facilities of the United States are available: 7.89/DAY 8.53/DAY

OASD (FM&P)
Jan. 1, 1989

NOTE: The pay table for basic allowance for quarters was not available at press time.

Yuletide Holiday Shopping and Tour

Dunsmuir House Tour

The Oak Knoll Naval Guild will sponsor a tour of the Dunsmuir house on Dec. 8. The cost is \$16.50 and that includes a gourmet box lunch. For reservations please call Teri Turk at 769-2980 by Nov. 16. Make checks payable to Jolenne Bartlett, and bring a friend.

Christmas Bake Sale

The Oak Knoll Naval Guild will sponsor a Christmas bake sale and a jewelry sale on Dec. 16 starting at 6:30 a.m. in the lobby of Naval Hospital, Oakland. There will be a variety of Christmas goodies on sale. The jewelry sale will be in the officers' dining room (brown bag) starting at 7:30 a.m. Sterling silver and gold will be up to 60% off—all this just in time for Christmas.

GEOCOM Happenings



AT1 Douglas awarded NAM

Aviation Electronics Technician First Class Lawrence Douglas has been awarded the Navy Achievement Medal for his superior professionalism and adaptability while assigned to Naval Hospital, Oak Harbor's Aviation Physiology Training Department. The hospital's current Sailor of the Year as well as Naval Medical Command Sailor of the Year was recognized for his uncommon initiative, total dedication to duty, and positive attitude. According to his superiors, willingness and initiative to provide service to his shipmates has greatly contributed to the command's mission of providing operational training and support to the aviation units. (Photo by Lt.j.g. Richard Haworth)



Judge Advocate gets NCM

Lt. Cmdr. James B. Masingill is presented the Navy Commendation Medal by Rear Adm. David Lichtman, Commander, Naval Medical Command, Northwest Region, for his outstanding achievement as the judge advocate while assigned at Naval Hospital, Oakland. Lt. Cmdr. Masingill is now the judge advocate for GEOCOM. (Photo by JO1 Dan Guiam)

Regular Navy augmentees selected

The following dental officers were recently selected for augmentation into the Regular Navy:
Lt. William M. Kohs
Naval Dental Clinic, Bremerton
Lt. Bradley W. Hunt
Naval Dental Clinic, San Francisco
Lt. Matthew Osmark
Lt. Gregory B. Kjellberg
Lt. Wang S. Ohm

USMSA needs donations for military athletes

According to Bill McNamara, newly appointed Executive Director of the United States Military Sports Association, (USMSA) funds generated by his organization will "bridge the tremendous gap between Federal government and military funding and what individual military athletes actually require for training and competition, locally, nationally, and internationally."

"Most Americans are unaware of the financial hardships our military athletes face," McNamara said, "since military athletes routinely face a dual hardship of juggling regular work duties along with their rigorous training schedules."

"On top of that," McNamara added, "they've got to find time off

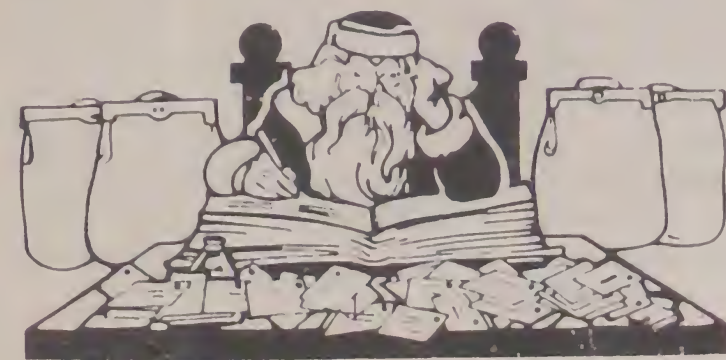
to compete, plus pay for travel, lodging, equipment and registration fees."

Now, however, the USMSA is proving to be a viable solution to the current funding problems confronting our dedicated military athletes. Since it was founded in 1982, the IRS-approved, tax exempt corporation has made itself responsible for picking up the tab where military and government funding leave off. The USMSA charter proclaims that it exists "for the exclusive purpose of raising funds for, and supporting military athletes."

Currently, the USMSA reviews and grants requests for funding from U.S. military athletes all over

the world. For example, at least a dozen military athletes all over the world. For example, at least a dozen military athletes received funding assistance from the USMSA to help defray their expenses for competition at the XXIV Olympiad, Seoul, Korea. Several of these deserving military athletes made Olympic history by winning gold medals as proud representatives of their country, and their particular branch of the U.S. military services.

With contributions from both individuals and corporate America, our Armed Forces athletes will now get the chance they deserve to compete locally, nationally, and internationally. Further information, write to the United States Military Sports Association, P.O. Box 2352, Alexandria, VA 22301.



MAIL EARLY

The key to successful holiday mailing is to mail early and correctly. Persons sending cards and packages overseas from the continental United States should mail them on or before the following dates:

Parcels will arrive at their intended destination if you follow a few simple guidelines:

☐ **Cushion.** Make sure contents are well cushioned and there is no empty space in the box. Use crumpled newspaper around the

☐ **Seal properly.** Close your parcel with one of the three recommended types of tape-pressure-sensitive, nylon-reinforced kraft paper or glass-reinforced pressure-sensitive. Don't use cellophane tape or masking tape.

☐ **Avoid smudges.** Use smudge-proof ink for your addressing.

☐ **Position addresses properly.** Put the recipient's address in the lower right portion of the package and your return address in the upper left corner. And put them on only one side of the package. It's a good idea to put a slip with the address and return address inside the parcel.

☐ **Use ZIP codes.** Be sure to include the ZIP code in both the recipient's and your address. Wrong ZIP codes can delay the mail.

☐ **Time it right.** Mail early in the month and early in the day.

Parcels Airlift Space Available				
DESTINATION	PRIORITY	LETTERS	PAL	SAM
Gateway Points	11 Dec	11 Dec	7 Dec	2 Dec

Similarly, to assure its timely arrival into the continental United States from overseas locations, mail should arrive at United States gateway points — New York, Miami, San Francisco and Seattle — by the following dates:

item - including all sides, and the top and the bottom.

☐ **Don't overwrap.** Use your carton if possible. Brown paper and twine are not necessary. Paper can rip, and twine gets entangled in mail processing equipment.

DESTINATION	PARCELS AIRLIFT SPACE AVAILABLE				SURFACE MAIL
	PRIORITY MAIL	LETTERS	PAL*	SAM**	
Africa	21 Nov	2 Dec	9 Nov	27 Oct	31 Oct
Alaska	7 Dec	7 Dec	1 Dec	23 Nov	23 Nov
Hawaii	7 Dec	7 Dec			23 Nov
Australia	21 Nov	24 Nov	23 Nov	7 Nov	16 Oct
Caribbean	9 Dec	9 Dec	24 Nov	21 Nov	7 Nov
Europe	2 Dec	2 Dec	23 Nov	14 Nov	16 Oct
Far East	2 Dec	2 Dec	23 Nov	14 Nov	16 Oct
Greenland	2 Dec	2 Dec	23 Nov	14 Nov	31 Oct
Middle East	21 Nov	24 Nov	9 Nov	2 Nov	31 Oct
Southeast Asia	21 Nov	21 Nov	9 Nov	2 Nov	31 Oct
Central and South America	5 Dec	5 Dec	23 Nov	14 Nov	7 Nov
*Parcel Airlift		** Surface Airmail			



FREE!

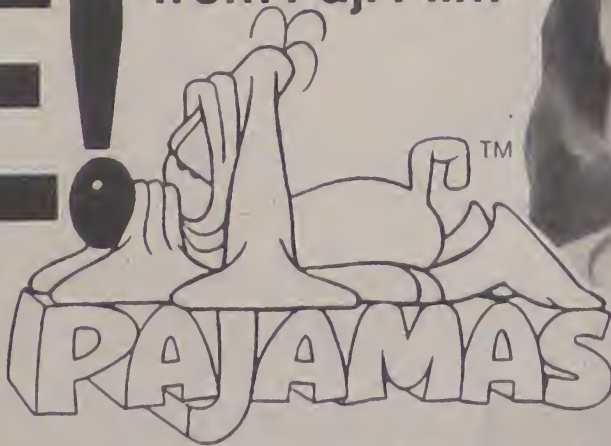
The World's Laziest Dog - 13" Plush Dog
OR \$1.00 REBATE
by mail with purchase of Fuji Film

Pajamas is one of the featured characters from the popular comic strip "Tumbleweeds" created in 1965 by Tom K. Ryan. This plush Pajamas was designed so the body can sit, lay or even hang by its tail...totally lovable.

Get complete details at your participating Fuji Film retailer or get an order/rebate form by mailing a self-addressed stamped envelope to: Fuji Pajamas Rebate Order Form, P.O. Box 7520, Westbury, NY 11592. Requests must be received by Dec. 31, 1988. Offer good only in the U.S.A. and expires Jan. 31, 1989. Pajamas Dog offer good while supplies last. Offer may be withdrawn without prior notice.



from Fuji Film

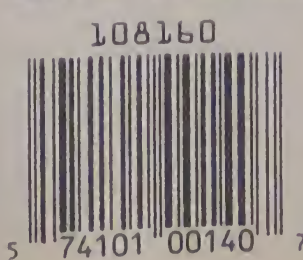


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From kindergarten through 12th grade

AAP says AIDS education should be taught

CHICAGO — "The nation's schools should immediately initiate AIDS education programs as part of a comprehensive health education plan," says a new statement by the American Academy of Pediatrics (AAP), stressing the need for candid emphasis in later grades.

The statement, issued by the AAP's Committee on School Health and published in June's **AAP News**, advocates AIDS education in kindergarten through twelfth grade.

Although the Committee acknowledges that abstinence is the safest method of prevention, it realizes "not all students will remain abstinent or be able to ensure that their sexual partners are infected." The Committee urges including discussion of appropriate contraceptive methods — condoms and spermicide — as part of the education curriculum.

The AAP's age-appropriate guidelines are:

- + From kindergarten to third grade, concepts in disease and health should be taught,

including the role of microorganisms and the importance of cleanliness in maintaining a healthy body. The role of health professionals in preventing and treating illness in the family should be introduced.

- + In fourth through sixth grade, the nature of AIDS and methods of transmission should be discussed, as well as concepts involving the control of body fluids. Myths about insects and the casual spread of AIDS should be dispelled.

- + School children in grades seven through twelve begin to engage in behavior that may increase the risk of HIV infection. In this group, the curriculum needs to be most intense. Professional health educators should be utilized in these later grades.

The program should include: the spectrum and history of AIDS, the relationship between AIDS and the human

immune system, the transmission of AIDS, prevention and treatment of AIDS, and the social and psychological aspects of AIDS.

In the later grades, the Committee urges candid discussion of all aspects of sexual transmission in an age-appropriate and culturally-sensitive fashion. "Curricula should emphasize an understanding of the psychological problems of families with children or other members who have AIDS, a knowledge of alternate lifestyles, special cultural sensitivities, civil rights and testing issues," the statement says.

"Since no vaccine or cure is available, education offers a reasonable approach to prevention," the Committee says. It also recommends that schools form healthy advisory committees to help develop and supervise the education programs.

The American Academy of Pediatrics is an organization of 35,000 pediatricians dedicated to the health, safety and well-being of infants, children, adolescents and young adults.

Dental Notes

Tooth Color

by Lt. Cmdr. Kenneth Eifert, DC



Teeth are made of enamel, dentin, and pulp and all contribute to the color of teeth. The main factors of tooth color are the translucency and thickness of the enamel and the color of the underlying dentin. Dentin is usually yellow or straw colored, so the thinner the enamel is, the yellower the teeth appear. As we get older the enamel wears away thus yellowing the teeth.

Any abnormal pigmentation of the dentin will affect the color of the teeth. Tetracycline taken during tooth development can stain the dentin from yellow to dark brown or gray. Blood pigments in the dentin can change the color from a slight yellowing to small black spots. This abnormality is commonly seen after trauma to the teeth and may indicate the tooth needs to have root canal treatment.

Tooth color can be modified by stains on the surface of the enamel. Tobacco is the most frequent cause of staining. Other stains can be caused by bacteria and may range from green to orange in color. Surface stains can normally be removed with routine dental polishing.

White spots on the surface are most noticeable on the central incisors, the two front teeth. There are two causes of these spots. Either they are areas of decalcification, the first stage of decay, or the spots are caused by a fault in the maturation of the enamel. The decalcification areas are commonly seen under accumulations of bacterial plaque.

College credit for mil. training available

MONROE, NC — Aug. 24, 1988 Civilian education, or the lack thereof, has a tremendous impact on a military career! Yet, many servicemembers simply fail to capitalize on gaining their due credit, CIVILIAN COLLEGE CREDIT, for their military experience!

The United States Council on Military Education today announced a new Educational Services Program that provides a PORTFOLIO KIT which converts the military service experience of active duty,

guardsmen, reservists, and even retired or former officers and NCOs from ANY branch of service directly participating, VA accredited and approved schools that offer and award Associates, Bachelors, Masters and Doctoral Degrees.

The Council's Director, Heather Gale Hill, points out that many servicemembers benefit greatly by earning their degree for several reasons. "First, the armed forces have implemented rigid standards for servicemembers to acquire civilian education that matches their military job. That's right! NO COLLEGE - NO PROMOTION is the current direction of military policy." "Secondly, competition for high paying jobs in the civilian sector is very fierce. Often, a college degree, or lack thereof, determines WHO gets the better job!"

Pursuant to a contract with the Defense Activity for Non-Traditional Education Support (DANTES) on behalf of the Department of Defense, the "GUIDE to the EVALUATION of

EDUCATIONAL EXPERIENCES in the ARMED FORCES" was published to establish the net worth of military experience in the civilian college curriculum. Using this guide, the U.S. Council works with servicemembers to prepare a portfolio that colleges will accept and grant college credit for their military service. These colleges and universities are fully accredited to award degrees and are approved for the payment of VA Benefits under the old GI Bill, VEAP, Non-Contributory VEAP, New GI Bill, Disabled Veterans, and Tuition Assistance Programs.

Servicemembers interested in this program can obtain a MILITARY PERSONNEL EDUCATION PORTFOLIO Kit by sending \$12.95 to the U.S. Council on Military Education, Post Office Drawer 1309, Monroe, NC 28110. Or send \$1.00 for postage and handling to receive a FREE brochure of detailed information.

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Oak Knoll's X'mas party set

Once again it's that time of the year to be jolly, to deck the halls with boughs and holly, sing Christmas carols, and to fill the festive air with love and friendship. And as always, the Naval Hospital, Oakland is hosting its traditional Christmas party in keeping with the yuletide spirit. The merriment, complete with holiday trimmings, heavy hors d'oeuvres and disc-jockey music, starts at 7:30 p.m., Dec. 3 (Saturday), at the Officers' Club. To join the fun, it costs \$10 per person and reservations should be made by calling 633-5004 no later than Nov. 28. GEOCOM personnel are also cordially invited as well as everyone's guests. Attendees are required to wear civilian festive attire. Share the spirit of Christmas. Come and join us, for after all it's been a good year for both the hospital's staff and health care beneficiaries.

USO helps needy families

Did you forget? Well, it has been 10 to 12 months. Article: CHRONICLE; November 30, 1987, "Hope Turns to Despair for Serviceman and His Family." Article: CHRONICLE; January 11, 1988, "The squeeze on military life, low pay, higher living costs can mean a struggle for survival." The United Service Organization (USO) didn't forget. USO of Northern California operates a Job Search Program. The service is available to spouses of active duty military personnel and individuals soon to be separated or retired from the military. During the last 12 months the USO Job Search Program has placed 50 spouses in private industry employment. The ¼ million dollars is calculated by multiplying the number of successful job placements by an average hourly salary times annual working hours (50 individuals x \$7.50 per hour x 2,080 working hours = \$7,800,000). USO deals directly with personnel recruiters at such companies as: Arthur Andersen and

Co., Bechtel Corporation, Gumps, Certified Flexstaff, Uniforce Temporary Services, American Protective Services, Federal Reserve Bank and Carousel Dry Cleaners, just to name a few of over 30 firms. USO of Northern California is funded by individual contributions, foundation grants, corporate contributions, donors designating USO in the United Way and Combined Federal Campaign (CFC) fund raising campaigns, an allocation from United Way of the Bay Area and a grant from the San Francisco Publicity and Advertising (Hotel Tax) Fund. USO, during its 48 year history, has never received state or federal tax money for funding. USO of Northern California, like all USOs in the states, must raise all needed funds from the communities in which they are located. Contributors sending their tax deductible contribution to USO World Headquarters, Washington D.C. do not help fund the local USO. Those funds are all spent in Washington D.C. or overseas.



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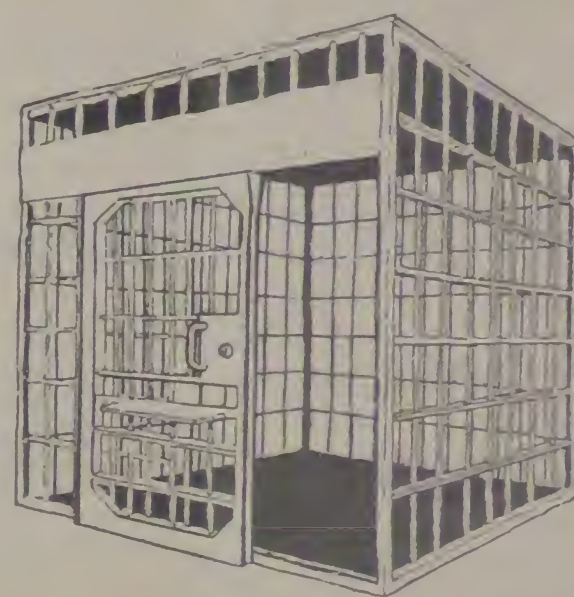
Oak Knoll's Men's Basketball Schedule

DAY	DATE	OPPONENT	LOCATION	TIME
Thur	10 Nov	NSGA Skaggs Island	There (MI)	7:30 p.m.
Tues	15 Nov	NAS Moffett Field	Home	7:30 p.m.
Thur	17 Nov	NWS Concord	There	7:30 p.m.
Tues	22 Nov	USS Enterprise	Home	7:30 p.m.
Tues	29 Nov	Mare Island	There	7:30 p.m.
Thur	01 Dec	Treasure Island	Home	7:30 p.m.
Thur	08 Dec	NAS Alameda	Home	7:30 p.m.
Tues	13 Dec	USS Gallant	There (TI)	7:30 p.m.
Thur	15 Dec	NSGA Skaggs Island	Home	7:30 p.m.
HOLIDAY BREAK				
Tues	03 Jan 89	NAS Moffett Field	There	7:30 p.m.
Thur	05 Jan	NWS Concord	Home	7:30 p.m.
Tues	10 Jan	USS Enterprise	There (Ala)	7:30 p.m.
Thur	12 Jan	Mare Island	Home	7:30 p.m.
Tues	17 Jan	Treasure Island	There	7:30 p.m.
Tues	24 Jan	NAS Alameda	There	7:30 p.m.
Thur	26 Jan	USS Gallant	Home	7:30 p.m.

* USS Gallant will payu its home game at NAVSTA Treasure Island

** NSGA Skaggs Island will play its home games at NAVSTA Mare Island

*** USS Enterprisse will play its home games at NAS Alameda



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— Adopt-a-School —

Skyline/Oak Knoll partnership in right direction



A group of attentive Skyline High School students listen to a clinical laboratory lecture at Oak Knoll. Photo by SN Mark Herrington

by JO3 T.S. Begasse

Skyline High School's second period chemistry class was conducted at Naval Hospital Oakland's medical laboratories November 21.

More than 20 "gifted and academically talented" juniors listened, took notes, asked questions and performed basic tests as Navy personnel introduced them to the real medical world of laboratory testing for drugs, alcohol and exposure to the AIDS virus.

The science students were the first Skyline students to visit Naval Hospital Oakland—commonly known as Oak Knoll—as part of its "Adopt-A-School" program.

The students were greeted by Oak Knoll's Commanding Officer, Captain C. Gordon Strom, MC, USN, who jokingly said, "As you depart, a physical will be given and sign-up sheets will be passed out so you can be sworn into the Navy."

The students were given a short briefing by Navy Commander Donald E. Greenfield, MC, USN, manager of the clinical laboratory department and assistant coordinator of Oak Knoll's Adopt-A-School program, and Betty F. Anderson, supervisor of the immunology

chemistry/Division of the laboratory and the visiting students' substitute teacher for the day.

So began the science students' second period behind-the-scenes look at Oak Knoll's Clinical Laboratory Department.

"It's interesting seeing how they actually get their results," commented Safa A-magid, a sixteen-year-old student who plans to go into the medical field upon graduation.

"It was very educational," said 16-year old Alex Heuer, a chemistry student. "I look forward to coming back."

The systematic integration of Skyline High School and the Navy's regional command and hospital is aimed at providing the students with insight into the intricate and challenging field of health care delivery, according to Rear Admiral David M. Lichtman, MC, USN, Commander of the Naval Medical Command, Northwest Region.

Guest lecturers on medical and non-medical topics, facility tours, periodic job-shadowing of staff members and video presentations are just a few of the educational techniques available to the students

Continued on page 3

Remembering Pearl Harbor

by Jim Garamone
American Forces Information Service

On Dec. 6, 1941, the island of Oahu in Hawaii was a bastion of American strength. It was the home of America's Pacific Fleet. The Army Air Forces, the Navy and the Marine Corps had air bases all over the island.

Wafting over the island was nothing but the scent of tropical flowers and the sounds of a nation at peace.

On Dec. 7, all this changed. The Pacific Fleet lay shattered on the bottom of Pearl Harbor. Planes were marked by plumes of smoke as they lay burning on their air strips.

The smell of explosives, oil and death overpowered the scents of flowers. The bark of anti-aircraft guns, howling plane engines and the bursting of bombs had replaced the sounds of peace.

When the smoke cleared, 2,403 Americans were dead, and the United States was at war with the empire of Japan.

Today, the aircraft carrier signifies the naval might of the nation. In 1941, the battleship was that vessel. Moored on Battleship Row in Pearl Harbor were seven of the Navy's big guns. The pride of that fleet was the USS *Arizona*. At the beginning of the attack, the *Arizona* took a bomb hit in the forward magazines, ripping the ship apart. A total of 1,177 sailors and Marines died in this explosion.

Today, a memorial to those men spans the remains of the *Arizona*. The American flag flies from a pole attached to the severed mainmast of

Continued on page 8



The Arizona Memorial, the number one tourist attraction in Hawaii, stands above the water where the sunken ship is laid to rest. The complex was run by the Navy until the National Parks Service took over in the late 70's. (Photo by JO1 Dan Guiam)

Navy medicine faces new era

by JO1 Dan Guiam

OAKLAND, CALIF. — Navy medicine is sailing in a new direction and this time, on a carefully chartered course to revitalize it.

That was the message Vice Admirals Stanley Arthur and James Zimble, the Navy's Surgeon General, told the officers and enlisted members at Oak Knoll's Officer's Club in their effort to inform the medical community on the latest recommendations taken by the Blue Ribbon Panel to improve Navy medicine.

The admirals' visit to the headquarters of Naval Medical Command, Northwest Region, is part of their nationwide tour of every geographical command aimed at making everyone in the medical community aware of the current state of Navy medicine, what is being done and what the future will bring to them as a result of studies conducted by the CNO-sponsored Blue Ribbon Panel.

Vice Admiral Arthur sits on the panel as head of the flag officers working group and is the Vice Chief of Naval Operations for Logistics. His role underscores the Panel's concern that Navy Medicine no longer be isolated. The entire Navy, according to the Vice Admiral, is now involved, and the line community is taking an active role.

One of the most important changes recommended by the Panel is the shifting of responsibility for support of the Navy's medical department from the Medical Command to its fleet commanders, says Vice Admiral Arthur. The CINCs (fleet commanders in chiefs) have a powerful voice when it comes to getting money, equipment and personnel.

In assessing the problems that plagued Navy Medicine, Vice Admiral Arthur reiterated the six major conclusions reached by the Blue Ribbon Panel to bring about im-

Continued on page 7

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the Chaplain's Corner

Ten Commandments for Christmas

by Cmdr. Wayne L. Bouck

The following item appeared in a church newsletter, and contains some good advice that will help us keep selfishness in check this Christmas:

- I. Thou shalt not leave "Christ" out of Christmas, making it "Xmas." To some, "X" is an unknown.
- II. Thou shalt prepare thy soul for Christmas. Spend not so much on gifts that thy soul is forgotten.
- III. Thou shalt not let Santa Claus replace Christ, thus robbing the day of its spiritual reality.
- IV. Thou shalt not burden the shop girl, the mailman, and the merchant with complaints and demands.
- V. Thou shalt give thyself with thy gift. This will increase its value a hundredfold, and the one receiving it shall treasure it forever.
- VI. Thou shalt not value gifts received by their cost. Even the least expensive may signify love, and that is more priceless than silver and gold.
- VII. Thou shalt not neglect the needy. Share thy blessing with the many who will go hungry and cold unless thou art generous.
- VIII. Thou shalt not neglect thy church. Its services highlight the true reason for the season.
- IX. Thou shalt be as a little child. Not until thou hast become in spirit as a little one art thou ready to enter the kingdom of Heaven.
- X. Thou shalt give thy heart to Christ. Let Him be at the top of thy Christmas list.

Choose insurance agents with care

WASHINGTON (NES) . . . Choosing the right insurance agent can be as important as choosing the right policy.

A qualified insurance agent can help you decide the kind and amount of coverage you need and what it will cost. Cost of the agent's services is included in the insurance premiums you pay, so take advantage of them.

Buy from a reputable company and deal with a reliable broker or agent who lives in your area and can give prompt service on claims. Ask relatives, friends and co-workers for recommendations, and check the phone book for agents and brokers in your area.

There are two different types of agents: direct writers, who work for only one insurance company, and independent agents, who represent the buyer, not an insurance company, and offer up to two dozen policies from any different companies. Before you buy, it's a good idea to compare several agents and policies.

How a company handles a claim is as important as the cost of the policy. In cases of loss, who will help you fill out forms and follow through on your behalf? Does the company have its own claims adjusters, or does it buy these services from another company? How promptly will your claim receive attention? In most states, the state department of insurance can provide information about consumer complaints concerning individual companies' claims processing.

If you move every few years, it's probably best to choose policies from companies that do business throughout the United States. That way, your policy can move with you when you settle in a new area.

"Our destiny to serve mankind can only be achieved through the maintenance of our ideas of liberty."

— Gen. John J. Pershing

Inflation hits civilian appraisals

by Jim Garamone
American Forces Information Service

Performance appraisals for federal civilian workers are inflated, according to a report issued by the Merit Systems Protection Board.

The report concluded that 49 percent of the civil service workers were rated above average or outstanding on their yearly appraisals, which are used to evaluate the work of federal employees.

Performance appraisals in the Department of Defense and the services track closely with the results of the survey, said Tom Hatheway, a Civilian Personnel Policy Office staff analyst. "We've experienced something like that for years," he said. "We gathered statistics for the GM scales (GM-13, -14 and -15), and they showed the inflation."

Most difficult job

Appraisal inflation is not limited to government service. "It comes down to our society," said Hatheway. "It's easier to tell someone that they are above average than just average."

Hatheway said giving performance appraisals is the most difficult job a supervisor has. "(A supervisor) has to sit down with an employee and discuss the shortcomings of the employee in a constructive manner," he said. "It is an important process, because out of it comes recommendations for remedial actions that must be taken or any adverse actions that must be taken against the employee. The performance appraisal means a great deal to a federal employee."

Inflated

In DoD, the officer and enlisted evaluation systems processes may aggravate the inflation tendency. "The military system of evaluation is so inflated that if you don't get a perfect evaluation, then your career is finished," said an Air Force military evaluation specialist. "If you knock off just one point on an officer evaluation report or an APR (airman performance report), the person just won't get promoted."

Some of this attitude may have washed over to the civilian side. "While our statistics are roughly equal to those of the Merit Systems Protection Board, they are just a shade higher," Hatheway said. "One theory is that the idea that a service member has to have a

perfect evaluation is influencing officers when they write appraisals for civilians.

"It's a perfectly understandable human response; commanders don't want to do something that will shortchange their people," Hatheway said.

But this has a snowball effect. Once appraisal inflation hits, it must keep going, because giving less than an above average rating will mean a worker is not competitive with his or her peers. "It gets to the point where an above average becomes average, and then you have only one rating above this (outstanding) to reward those who are actually above average," Hatheway said.

Another factor that may be pushing appraisal inflation is the compressed pay scales. "Supervisors believe that giving an outstanding rating is the only way they can reward workers with the pay scales as they are," Hatheway said. "We see the same process for people who are in jobs where they are 'topped out.' They cannot go any higher, so supervisors reward them by giving them higher ratings."

No real solution

There is no real solution to appraisal inflation. "A quota system is against the law," Hatheway said. "Besides, it would penalize the supervisor who truly does build an outstanding office. It (a quota) might solve (the problem of appraisal inflation) while creating many others."

People who design rating schemes have recognized evaluation inflation and try hard to eliminate it or slow its growth. "The most objective rating schemes use easily defined measurements as guideposts," Hatheway said. "If you can put a nut on a bolt in 30 seconds, you are fully successful. If you can do it in 20 seconds, you exceed fully successful. If you can do it in 15, you're outstanding. The problem is that there are not many jobs with

this kind of finite measurement attached. That's what makes the appraisal process so difficult."

The services and the DoD agencies set their guidelines for appraisals. In response to a 1986 study, they have told the Defense Department that they do not wish any guidance.

Not ready

The Office of Personnel Management is looking at ways to curb inflation, but officials said they are not ready to float any ideas yet.

"This is not something we are overly concerned with," Hatheway said. "The inflation tendency is embedded in our society. Fortunately, supervisors can use other means besides the performance appraisal to verify if a person would be good for a job. Our measuring system—any measuring system for that matter—is not meant to supersede human judgement. If that was the case, then a promotion list would have only one name instead of 10 listed."

GM scale review

Here are other aspects of the Merit Systems Protection Board study and the Defense Department GM scale review:

☐ Women generally receive higher performance appraisals than men.

☐ Generally, the higher the grade, the higher the performance appraisal.

☐ Federal workers in Washington received higher performance appraisals than other federal workers.

☐ About 60 percent of GM workers and 19 percent of GS workers received bonuses in 1986, the last available figures.

☐ Younger (age 40 and younger) GM workers received more outstanding ratings than their older counterparts (age 55 and older).

Motorcycle deaths decline

Four-wheel fatalities up

The number of service members killed in car crashes is going up, while motorcycle and moped deaths are holding steady. So said Jerald Anderson, DoD's assistant for safety and occupational health policy and secretary of DoD's Intoxicated Driving Prevention Task Force.

In the first nine months of fiscal 1988, there were 83 military people killed in two wheel crashes; 14 percent were intoxicated. For the same period in 1987, comparable figures were 80 persons and 15 percent. Full-year figures show a decline in motorcycle fatalities, from 181 in fiscal 1986 to 131 in fiscal 1987.

Anderson credited the motorcycle rider education courses, which are required on all military installations, for the decline in motorcycle deaths.

Grim statistics

In the first nine months of fiscal 1988, 402 members were killed in four-wheel vehicle crashes, compared with 282 deaths for the same people in 1987. The percentage of persons killed who were intoxicated also increased from 10 percent in the first nine months of fiscal 1987 to 21 percent in 1988.

DoD confirms alcohol concentra-

tion is .10, the legal intoxication level. A reading of .10 on a breath-testing instrument indicates 10 grams of alcohol per 210 milliliters of breath. However, studies have shown that a driver's ability deteriorates at less than half that level.

Holiday Worship Services

Your Hospital Chaplains cordially invite and warmly encourage you and yours to join us in the following Advent, Hanukkah and Christmas events:

INTERFAITH

Command Christmas Tree Lighting Ceremony
Wednesday, December 7, 1988 5:00 p.m.
(Featuring caroling and refreshments in the Main Lobby, Bldg. 500)

JEWISH

Hanukkah Service and Party, Chapel of Hope
Friday, December 9, 1988 6:30 p.m.

PROTESTANT

All Sundays of Advent at 10:30 a.m., Chapel of Hope
Christmas Eve Candle Lighting and Communion Service, Chapel of Hope

Saturday, December 24, 1988 7:00 p.m.

Christmas Day Service, Chapel of Hope

Sunday, December 25, 1988 10:30 a.m.

CATHOLIC

Christmas Eve Mass, Chapel of Hope

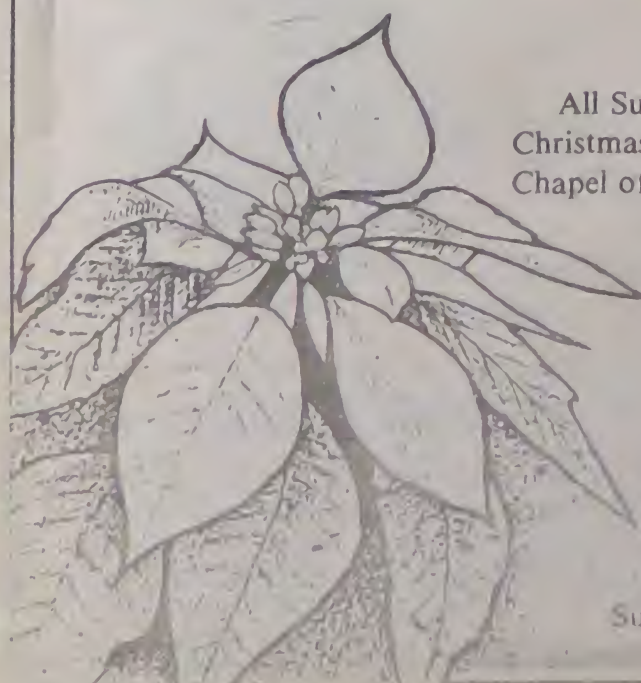
Saturday, December 24, 1988 9:00 p.m.

Christmas Day Mass, Chapel of Hope

Sunday, December 25, 1988 9:00 a.m.

New Year's Day Mass, Chapel of Hope

Sunday, January 1, 1989 8:30 a.m. & 12 p.m.



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Dental Notes

TMJ Disorders

by Lt. David Lloyd, USNR



Many of us take for granted the common activities for enjoying a meal, indulging in an occasional yawn, or talking with a friend; but to the estimated 10 million Americans who suffer from temporomandibular joint disorders (TMJ), these can often be painful activities.

The symptoms of the temporomandibular joint and structures which control movement of the lower jaw are as numerous as the treatments that are practiced today. Some general features of this condition can help you recognize when you need to seek the advice of a dentist. Evolving techniques and approaches to treatment allow dentists and physicians to offer relief to a vast majority of patients with TM disorders. The most common symptom of dysfunction within the TM joint is "popping" or "clicking" while opening or closing the mouth. This may range from an occasional annoyance to a painful locking of the jaw in an open or closed position. Other symptoms which may be present include sore muscles in the posterior cheek or temple, headaches, and stiffness in the movement of the jaw.

A frequent cause of TM disorders is bruxism (clenching or grinding of the teeth). This commonly occurs at night during sleep or when under emotional stress. Bruxism places an abnormally heavy and prolonged load on the teeth, TM joint and chewing muscles. Trauma to the jaw can also result in damage to TM structures. Malocclusion and nonharmonious chewing pattern can result in TMJ disorders.

Treatment of TM disorders depends on an accurate diagnosis of the underlying cause as well as identifying the specific structures involved. This requires a thorough and detailed evaluation by a dentist and may involve consultation with several dental and medical specialists to arrive at a proper diagnosis. In general, a conservative, reversible treatment approach is best and may include a removable occlusal splint which helps to position the TM joint in a proper functional orientation. Malocclusions may require simple adjustment of teeth and restorations or much more extensive reconstruction of the dentition. Orthodontic treatment may also be needed. In some cases, surgery on the TM joint is needed to relieve TM disorders. Treatment may involve behavior modification as well to change destructive habits such as bruxism which may be contributing to the problem.

TMJ disorders are common and have a great range of causes, symptoms and severity. Most cases can be treated effectively but require a thorough evaluation by a dentist.

Skyline/Oak Knoll partnership in right direction

Continued from page 1

who will visit regularly through this command provides a unique opportunity for us to provide an educational environment in a May.

"The partnership developed at educational environment in a



A student takes notes during the lecture phase of the visit. (Photo by SN Mark Herrington)

clinical setting," said Navy Lieutenant Clarence Thomas, the regional command's Adopt-A-School coordinator and Equipment Management Officer.

"The students benefit by being able to see first-hand how science principles are applied to the delivery of health care."

According to Skyline's principal, James M. Welsh, each science class from the school will eventually visit the hospital on a rotational basis. The schedule of visits are currently focused on the "gifted and academically talented" students who will be responsible for the material as part of their curriculum, but Welsh said that he eventually would like to see all science students at the school included. That would mean about 1,600 chemistry, biology, physiology and physics students.

On-going assessments of the program will take place to ensure the interest of the students is being maintained and accurate comprehension levels are provided.

"We want to make it meaningful and with a purpose," said Lt. Thomas. "Our long-term goal is to really make a difference in their educational program."

NAVHOSP Bremerton's 'adoptee' has promising future

by SN Mark Herrington

"Adopt-A-School," better known in Bremerton, Washington, as "Personal Excellence thru Cooperative Education," has a promising future at Naval Hospital Bremerton.

The program formally started in Sept. 1987, and the school that was selected was the Jackson Park Elementary School. Commander Carol Haskins, coordinator of the program, and head of education and training at the hospital, feels

that the relationship between the hospital and the students will give the school and the community a better view of how the hospital works.

The students visit various departments such as Physical Therapy, X-ray, and Orthopedics. "The reaction of the students is that they are willing to learn and that the tours are just plain fun," said Kim Marcum, principal of Jackson Park Elementary School.

"Your staff has managed to create a positive image for the 30 students who attend the tours. We

are looking forward to continuing this outstanding program."

Ms. Marcum said the students were excited with hands-on participation, from touching the casting material in the X-ray department to measuring their strength in Physical Therapy.

To show their appreciation, the students decorate the galley with art, write thank you letters, and keep showing they are interested in learning.



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**CONSUMER
DENTAL
OFFICES**

Navy personnel chief puts focus on individuals

WASHINGTON (NES) . . . VADM Jeremy "Mike" Boorda became the chief of naval personnel Aug. 8, 1988. That in itself is quite a success story. "The Navy has been real good to me," he said at a September editorial board. "You're looking at a youngster who essentially ran away from home when he was 16, joined the Navy and ended up as chief of naval personnel. That's not a bad track record."

"But," he said, "my real goal is to improve Navy readiness by making people feel better about what they do and having the term 'the Navy takes care of its own' really mean something. And there's a whole bunch of things to do that."

Retention plays a large part in readiness, and according to Navy surveys, family separation is the No. 1 reason Navy people leave the service. Boorda is a strong sup-

ported by the CNO's emphasis on managing the tempo of personnel deployments and operations, Boorda said. He also credited Family Service Centers for all they do to help, and stressed that adequate pay is absolutely essential in making family separations endurable. "If your family doesn't have the money they need to survive, and you are gone, that puts an unbearable problem on the family. And that makes family separation mean something entirely different. . . . But we can't make family separation go away," he said. "Navies go to sea, airplanes go flying. That's really what this is

all about."

Part of Boorda's job is to ensure the Navy has enough people with which to go to sea and to go flying. "The bottom line in our business is readiness," he said. "And you don't get readiness from efficient robots. You get readiness from people who are happy about what they're doing and are well treated . . . so we're trying to do a lot of things to try to make people's lives better."

In addition to military pay, Boorda indicated there is a host of other programs to be nurtured and funded, including military housing and other quality of life programs. He also emphasized he would be working hard to achieve planned personnel improvements to Navy medical and health care programs. He stressed that this year's Defense Authorization and Appropriations bills, recently approved by Congress and signed into law by the President, contain many positive features directly affecting Navy men and women.

In describing a "fully funded" PCS budget, for example, Boorda noted, "Fully funded doesn't mean

"My real goal is to improve Navy readiness by making people feel better about what they do . . ."

we got all the money we wanted. Fully funded means that if we're smart, and if we're careful, we won't have to do some of the things to people we did last year for money reasons."

In conclusion, Boorda noted he was considering a number of revisions to personnel assignment policies and procedures so people would have more flexibility and timely information to plan future career moves. "I am not interested in making my job, or those of the people who work for me in the personnel business, any easier. If our jobs get harder because we have to do more for the rest of the Navy, so be it," he said. "We're going to treat people and families as individuals, the way they ought to be treated. And that's what I'd like to be known for while I'm CNP."

"You get readiness from people who are happy about what they're doing and are well treated," said VADM Mike Boorda, who would like his tour as chief of naval personnel to be remembered for its focus on treating Navy people as individuals, "the way they ought to be treated." Photo by PH1 Chuck Mussi.



Boorda enlisted in the Navy in 1956 and was a petty officer first class when, in 1962, he was selected for commissioning. Today, he's a three-star admiral in charge of the Navy's personnel needs, and he wants to add to that track record. "I hope that when my time as CNP is all done," he said, "someone will be able to say, 'Hey, that guy really cared about sailors, and everything he did had that as a focus: What is this going to do to the real person out there?' I think you can do a creditable job in my job by simply keeping that foremost in your mind."

Boorda brings to his job as chief of naval personnel a number of professional and personal goals.

porter of improving the quality of life for Navy families as a readiness issue, but he noted that life in the Navy has always entailed separations from family and friends. "And we ought to stop apologizing for that," he said. "People in sea-going ratings and sea-going designators in the Navy have to understand that family separation is part of the business. And if that doesn't fit with their life, it's not going to work. It's what we do. It's why the Navy is as strong as it is and as effective as it is in the world. . . . But there are lots of things we can and must do for families to make separations more bearable."

The strain of prolonged separations has been eased considerably



Chief of Naval Personnel VADM Mike Boorda (left) and Master Chief Petty Officer of the Navy Duane Bushey meet regularly to discuss a wide range of personnel matters, including observations the MCPON brings back from his many visits to fleet and shore commands. U.S. Navy photo.

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Lt. Sashin awarded NCM

Lieutenant Michael Sashin is congratulated by Rear Admiral David Lichtman, Commander, Naval Medical Command, Northwest Region, after being presented with the Navy Commendation Medal. The head of the command's contingency department was recognized for his outstanding achievements while serving as head of the Patient Administration Department at Naval Hospital, Oakland and for his role aboard the floating hospital ship USNS Mercy (ATH-19) during its five-month humanitarian mission to the Philippines and other islands in the South Pacific. His citation reads in part, "As head of the Patient Administration Department, Lt. Sashin provided highly effective leadership and people skills that resulted in the department's becoming customer-oriented, particularly for the young physicians in training." (Photo by JO1 Dan Guimam)



Capt. Jackson visits GEOCOM

Captain F. Jackson, Commanding Officer, Naval Hospital Oak Harbor, confers with Rear Admiral David Lichtman (right), Commander, Naval Medical Command, Northwest Region, during his recent visit to the headquarters. The Captain was on a familiarization tour and received briefings from GEOCOM staff members. (Photo by SN Mark Herrington)

People, places and events from around GEOCOM

HMCS Conner ends 30-year career

by Lt.j.g. Richard Haworth

Senior Chief Hospital Corpsman Billy W. Conner, Assistant Department Head for Fiscal/Supply Department at the Naval Hospital, Oak Harbor retired recently with over 30 years of naval service. The retirement ceremony was held at the Naval Air Station, in hangar #5 where the Senior Chief's family, friends, and the hospital staff stood by to wish him the best of luck in the civilian world.

Following a brief review of HMCS Conner's naval career and list of accomplishments by guest speaker Lt. Bill Kinney, the Senior Chief was presented with a Navy Commendation Medal, a Letter of Commendation from Rear Adm. D. Lichtman, and farewell letters from Vice Adm. J. A. Zimble and Force Master Chief W. M. Griffith. Mrs. Conner was also presented with a certificate of appreciation for her continuous and unfailing support. Presentations were made by Capt. F. D. Jackson, CO of the Naval Hospital, Oak Harbor.

Variety of assignments

HMCS Conner enlisted in the U.S. Army on June 4, 1958 and served two years of active duty, followed by 11 months of active reserve prior to enlisting in the Navy. He reported to San Diego, Calif., for recruit training and was subsequently sent to the aircraft carrier for his first assignment. Conner then attended corp "A" school and was transferred to the Naval Hospital, Oakland Calif. This assignment was succeeded by tours in Kodiak, Ala., Camp Pendleton, Calif. and with the 1st Marine Division in Vietnam. His final assignments were with the Navy Regional Medical Center at Camp Pendleton, Calif. Subic Bay, R.P., and final tour at the Naval Hospital Oak Harbor, Wash.

Notable achievements

HMCS Conner's more notable achievements include: Operations Chief, Operations Officer, and Leading Petty Officer with the First Marine Division while in Vietnam. At the Naval Hospital, Oak Harbor he worked as a Health Benefits Advisor, Assistant Department Head for the Patient Administration and Fiscal/Material Management Departments.



HMCS Billy W. Conner and his wife are piped over to retirement.

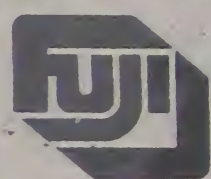
HMCS Conner wears the Navy Commendation Medal, two Navy Achievement Medals (one with combat "V"), Seven Good Conduct Medals, National Defense Medal, Vietnam Service Medal, Humanitarian Service Medal, Vietnam Campaign Medal, and the Vietnam Cross of Gallantry.

At the conclusion of the ceremony, HMCS Conner thanked friends, staff, and his wife Marsha for their support and adding that he would like to skip the usual bits of advice ordinarily accompanying a retirement ceremony. He was then piped over to retirement. He plans to live in Oak Harbor with wife Marsha and work with a civilian corporation.

HMCM Zealor honored



Master Chief Hospital Corpsman Michael E. Zealor is congratulated by Lieutenant Commander Lee W. Tompkins, Officer-in-Charge, Navy Branch Hospital Adak after receiving the Navy Commendation Medal for meritorious service while assigned as Assistant Head, Operating Management, Naval Hospital, Pensacola from September 1983 to March 1988. His citation reads in part, "Master Chief Zealor's exceptional leadership ability and extreme managerial competence ensured the effective coordination and completion of several high cost, complex projects. Through careful analysis, diligent research, and scientific technique, he skillfully managed the complete refurbishment of the hospital's Bachelor Enlisted Quarters . . ."



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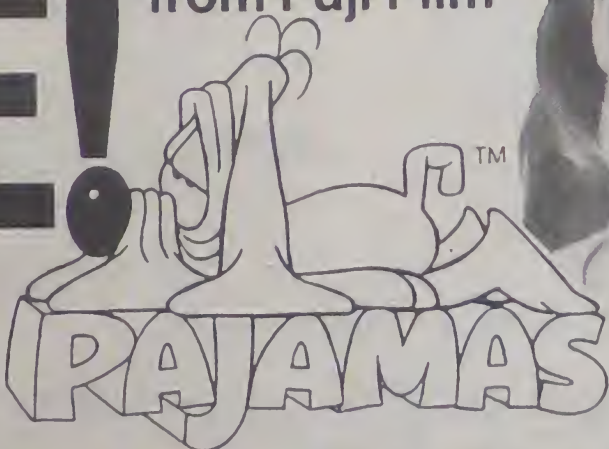
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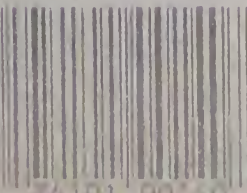
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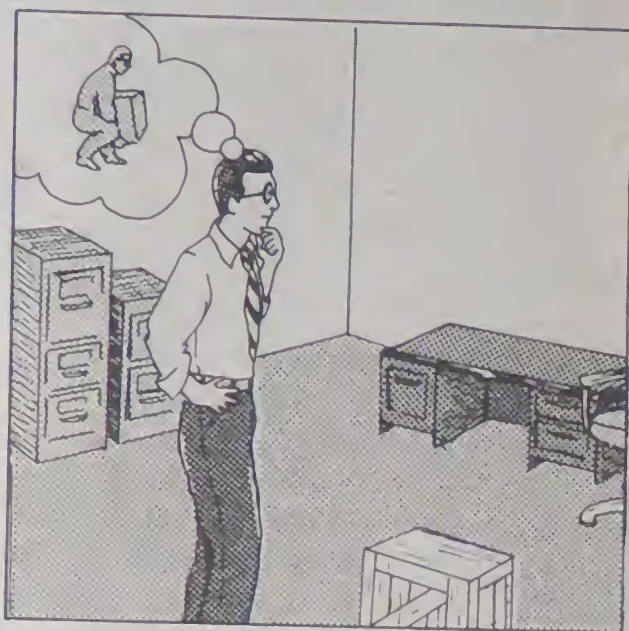
Simple Techniques to Protect Your Back

If you've ever "thrown out" your back while doing a seemingly simple task—lifting a package, moving a piece of furniture, carrying a child—you've learned firsthand the importance of safe lifting techniques for protecting your back. Safe lifting is easy to learn, simple to do, and may be one of the most important skills you'll ever learn.

Safe Lifting Makes Sense

Safe lifting techniques keep your back in balance and can protect you and your back from accidental strain and overload. It makes sense—to keep your back working smoothly and problem-free, lift right!

The Safe Way to Lift



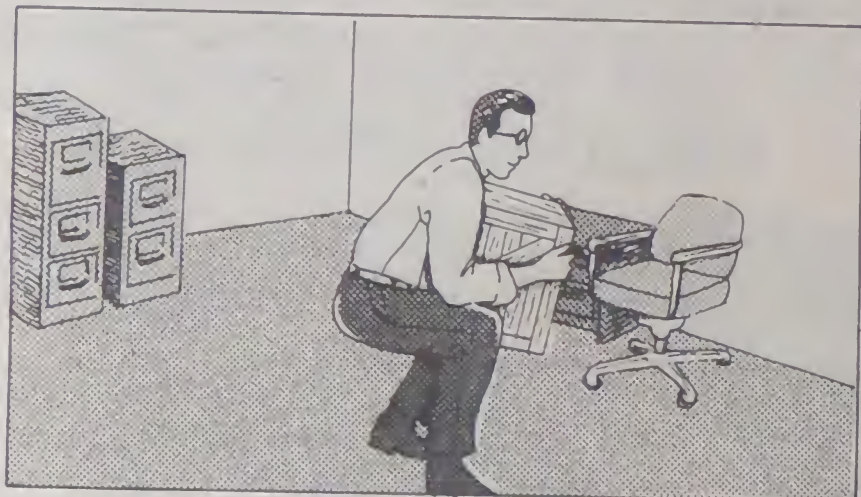
1. Visualize the Lift
The first step in safe lifting is thinking. "Can I lift it by myself?" "Can I hold it close to my body?" If the load is manageable, follow the remaining tips.



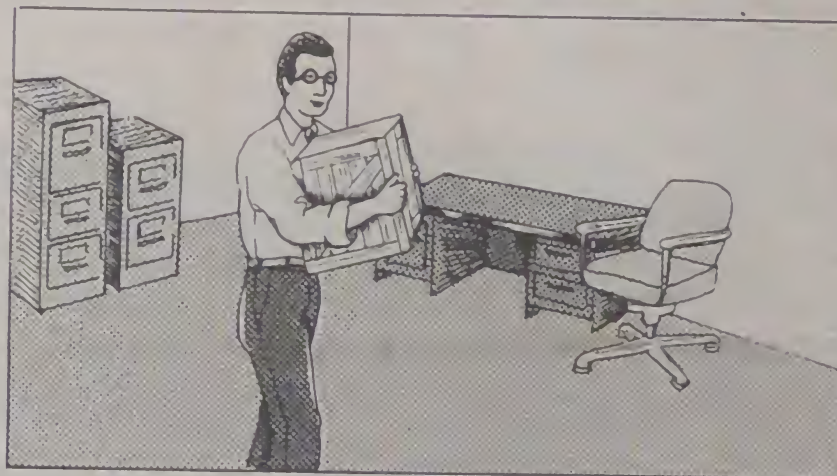
2. Tuck Your Pelvis
By tightening your stomach muscles, you can "tuck" your pelvis to keep your back's three curves in balance.



3. Bend Your Knees
Bend your knees instead of your waist. Let the large muscles in your legs support your back and carry the weight.



4. "Hug" The Load
Try to hold the object you're lifting as close to your body as possible, as you gradually straighten your legs to a standing position.



5. Avoid Twisting
Twisting while you lift or carry increases the load on your spine and can lead to serious injury. To avoid twisting, be sure that your knees and torso are facing in the same direction when lifting.

Study tips for prestige and success

Whether you're studying for a promotion or pursuing a degree, being a student can be tough when you're also working full time. But it's a lot easier if you know how to take notes and study to make the most of your valuable time. The

following tips from the Defense Activity for Non-Traditional Education Support, or DANTES, can help you make the grade:

☐ Study at least 30 minutes, but no more than 90, minutes at one time.

☐ Set aside a neat, well-lighted place to study. Make sure it is free of distractions and not too warm.

☐ Figure out what time is best for you to study, and set aside that time each day.

☐ Don't cram. Try to get a sense

of what is most important, and memorize that. You can't memorize the whole textbook.

☐ Before a study session, gather your course material: texts, notes and handouts.

☐ Read the table of contents, preface and chapter summaries to get the basic ideas before reading the rest of the assignment.

☐ Don't underline entire sentences or paragraphs. Underline only those words that summarize the main points.

☐ Distribute your study time. Some tasks require intense concentration, others can be done at odd moments.

☐ Paraphrase and write down main points in your own words.

☐ Review material. A short immediate review before starting something new will help you retain the material. Skim to find facts and to review material.

The Ethnics of Procurement

By Jim Garamone
American Forces
Information Service

Do we need new rules or laws governing procurement in light of the all-Pentagon procurement scandal? The answer is "probably not," according to two experts in military ethics.

"I wouldn't say laws are the answer at this point. The Ten Commandments have been around thousands of years, yet people profess to believe in them, yet continually break them," said Col. Wakin, the head of philosophy and fine arts at the U.S. Air Force Academy. "It seems that we make all the laws we want, but people don't have the ethical background to stick with and follow them, then it really doesn't matter."

Wakin joined colleague Kenneth H. Wenker, the deputy head of the department, in discussing the ethics of procurement at the American Forces Information Service.

Both men agreed that the ethical climate of the office, company or agency is important. "This is limited to procurement, this is universal," said Wenker. "But do you foster that type of environment?"

This isn't simple. Both men said that supervisors with the same type of training, work experience and similar backgrounds can foster different types of ethical environments. "Management style plays a part in the ethical environment," says Wenker. "A 'results at all cost' style may encourage unethical behavior."

But whatever the style, an ethical awareness and grounding is necessary because even recognizing an ethical problem is not always easy.

Many commentators have called the so called procurement scandal now going on has—as one of its roots—the "revolving door," in which military experts retire from active duty and then take jobs with defense contractors. "I don't think you can blame the scandal on this, and I think it would be a mistake to try to legislate an end to it," said Wakin. "Let's say you have the best F-16 pilot in the world and he retires from active duty. No one knows the system like he does. Are you going to deny his talents to the country? Are you going to tell him that he can't make a living out of his skills?"

Wakin said if a company hires the man because of his technical expertise and that gives the company an edge over its rivals, then that would be fine. "If they hire someone because he knows who to bribe or solely because of his contacts in the procurement field, then there is an ethical problem," he said.

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Bake and Jewelry Sales

The Oak Knoll Naval Guild will sponsor a Christmas bake sale and a jewelry sale on Dec. 16 starting at 6:30 a.m. in the lobby of Naval Hospital, Oakland. There will be a variety of Christmas goodies on sale. The jewelry sale will be in the officer's dining room (brown bag) starting at 7:30 a.m. Sterling silver and gold will be up to 60% off—all this just in time for Christmas.

Navy medicine faces new era

Continued from page 1
Improvements in the Medical Department.

The conclusions are:
1. We must focus on improving in-house medical capability. This calls for reducing CHAMPUS costs and maintaining wartime readiness.
2. Graduate Medical Education (GME) is still top priority for Navy Medicine. Vice Admiral Arthur said the line Navy now understands why

GME is the lifeblood of Navy Medicine. Strengthening GME could safeguard the Navy's peacetime and wartime missions, he said.

3. We must develop ways to measure the effectiveness of Navy medicine, set goals and follow through.

45. Budget realities do exist. There has to be payback for our in-

vestments. "When we started the Blue Ribbon Panel, there was no pot of gold on the table nor there was manpower pot sitting on the table," said Vice Admiral Arthur.

5. We must turn negative perception of Navy medicine into positive perception.

6. A flag officer working group type structure must be maintained to track medical department issues.

Other major reforms include increasing the doctor's pay and support staff; restructuring the

geographic commands to put people back into direct medical care and make efficient use of available resources during a time of budgetary constraints; improved training for medical personnel; and the establishment of family practice hospitals designed to bring CHAMPUS patients back into the Navy's medical system.

Vice Admiral Arthur said the Blue Ribbon Panel identified 76 issues affecting Navy medicine and selected subject matter experts will

tackle the issues.

"We looked at what we thought the issues were and then went for people who could specifically address those things," the Vice Admiral noted. "We have a good mix of supply, civil engineering and medical folks working together to revive Navy medicine."



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Anna's idyllic world is shattered when her ex-husband Brian (James Naughton) sues for custody of their daughter Molly (Asia Vieira), a battle that ultimately forces the single mother to face many difficult questions about her life.

The Good Mother



Sculptor Leo Cutter (Liam Neeson) fell in love with divorcee Anna Dunlap (Diane Keaton). Their passionate relationship leads the shy piano teacher to discover a new sense of happiness.

Touchstone Pictures' "The Good Mother," is a film which deals with a problem more and more women are facing: the problem of balancing successfully the role of mother, and a woman with a career and love interests. Diane Keaton portrays Anna Dunlap, a recent divorcee who is struggling to maintain the equilibrium she feels she has achieved between her daughter, Molly (Asia Vieira) and her lover, Leo Cutter (Liam Neeson). Leo has brought into her life his unconventional ideas and attitudes which she sees as a liberating breath of fresh air. All is going well until her ex-husband, Brian (James Naughton), questioning her lifestyle with Leo, sues her for custody of Molly.

Directed by Leonard Nimoy (Three Men and a Baby) and based on the novel of the same name by Sue Miller, the film explores issues of individual freedom and responsibility. The Good Mother is rated "R."

Remembering Pearl Harbor

Continued from page 1

the battleship. Survivors of the *Arizona* remember when the scene was not the serene memorial it is today.

John Anderson was a boatswain mate second class aboard the *Arizona* when the attack started. Since he had been stationed in China before reporting aboard, he knew immediately what the planes with the orange circles on their wings meant. "I just went for the quarterdeck hatch where the alarm system (was) and pulled it, and nothing happened," he said during an interview with the National Park Service in 1981. "About that time, a bomb hit back aft, and then I knew we were in the attack."

Man your battle station

Anderson went to this battle station, but it had been hit by a bomb and was worthless. He was attempting to get to his twin brother's battle station at an anti-aircraft gun when the bomb that blew up the ship hit. "The bomb hit and blew me off the ladder, and we wound up back of the crane," he said. The blast had blown him almost 60 feet.

The ship was a loss, and attempts to rescue the survivors began. Men worked to get the wounded into rescue boats. "I picked up a couple of more people, and (their) skin just slid off their arms like it was grease because these people were flash burned," Anderson said. He wanted to go back to find his brother, but an officer told him that the ship was gone, his brother was gone, "and we better get off before

everybody else is killed, too." The officer pushed Anderson into the boat, and they headed toward Ford Island—the nearest land—in the center of Pearl Harbor.

Fire everywhere

"Everything was on fire. The ship was on fire, the water was on fire, and there was (sic) people on the crane, and I saw them as we went, and they were up in this fire, and I thought 'God Almighty, how are they going to make it?'" Anderson said.

On the way to the island, Anderson and his mates fished people out of the water. Once on Ford Island, he and another sailor spotted an unmanned boat and swam out to it. They operated the boat, rescuing people from the crane area of the *Arizona* and bringing them to the hospital pier. Anderson and his fellow sailor cruised the area rescuing men until they were sunk by a Japanese plane. Anderson swam for Ford Island. He had been hit in the back and head with shrapnel and flashburned when the *Arizona* exploded.

Once on the island, he still wasn't finished. He and another sailor manned a machine gun all that day and night.

Ill prepared

The reverberations of the surprise attack on Pearl Harbor are still being felt today. The United States entered World War II ill prepared and fought for the first months with weapons left over from World War I. America vowed not to let this

Oak Knoll cagers off to a good start

With Ralph Williams at the helm, Naval Hospital, Oakland is deemed as the team to beat in the Central

NAVHOSP Oak Harbor honors ace performers

Lieutenant Patrick Kelly, Head, Fiscal Supply Department, Naval Hospital, Oak Harbor has been awarded the Navy Achievement Medal for his superior performance while serving simultaneously as the interim Director of Administrative Services and as Head, Fiscal and Material Management Department.

As the interim Director of Administration Lt. Kelly proved himself to be an accomplished leader, organizer, and administrator. He oversaw the implementation of a command computerized inventory control system within the Fiscal Supply Department while maintaining administrative control over a diverse group of subordinates within the Administrative Directorate.

Incentive award

Eighteen civilians from the Naval Hospital, Oak Harbor received incentive awards recently for sustained superior job performance from July 1, 1987 through June 30, 1988. Capt. Jackson, Commanding Officer of the Naval Hospital presented the awards to the following personnel:

Francis Lee, Gayle Damstrom, Lora Anderson, Ada Ditton, Marjorie Dilly, Alice Kuhn, Adelaida Ancheta, Genevieve Ling, Marcia Conner, Donna Hunker, William Brown, Richard Hanson, Robert Haloux, Victor Siders, Fred Bishop, Norman Milscher, Robert Wanamaker, Ralph Ross, Julie Dreber.

happen again. U.S. service members today are well-trained and equipped with the latest weaponry.

The American military mans a sophisticated surveillance system

Pacific Sports Conference for the 1988-89 Basketball Season.

Sharing the load in scoring are such stalwarts as Mac Harris, Jesse Burt, Courtney Abrams, Willie Williams, Kerwin Stanley and Aubrey Williams.

The hospital quintet opened this young Season with commanding victories over Skaags Island (117-78) and Moffett Field (117-93). The victory over Moffett Field is extremely satisfying as Oak Knoll hardly ever beats Moffett Field. Coach Williams says, "this was a Team effort, and will be all year"!! He urges base personnel to come out and support the team.

Harris, Burt Star: Mac Harris led all scorers with 26 on 10 Field goals and 6 free throws. Jesse Burt followed closely with points on 7 Field Goals (pointers) and 5 free throws.

NHO 117-MOFFETT FIELD

PLAYER	(2PT) FG	(3PT) FG	FREE THROWS
Harris	10	0	6
Burt	5	2	5
Williams, W	3	1	1
Stanley	4	0	4
Abrams	9	0	0
Carlyer	2	0	1
Alexander	2	1	0
Williams, A.	4	0	2
McDole	0	0	2
Davis, A.	2	0	2
	41	4	23

SEMINAR: Your ticket home

WASHINGTON (NES)... Navy Recruiting Command's Seminars for Minority Assistance to Recruiting program offers black and Hispanic military members a chance to return home without using leave or personal finances.

SEMINAR volunteers return to their hometowns on a 20-day temporary duty basis and help recruiters establish and renew Navy contact with community leaders such as educators and professional members.

A major obstacle in minority recruiting has been a perceived lack of opportunity for advancement in the Navy by members of minority communities. Temporary duty performed by SEMINAR volunteers in the hometowns dispels this misconception by graphically illustrating career opportunities the Navy offers minorities.

SEMINAR also provides exposure to the recruiting field for people interested in recruiting as a career choice.

Temporary duty is performed in conjunction with normal rotation and with NMPC approval, will be included in permanent change of station (PCS) orders. SEMINAR participants must be in paygrades E-6 through E-9 or W-2 through O-6.

If you are interested, refer to COMNAVCRUITCOMINST 1300 for more information or call Navy Recruiting Command at (202) 696-4880, AV 226-4880.

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that guards against surprise attack.

Finally, the United States maintains forces strong enough to deter aggressors from attacking and—if that fails—strong enough to exact

retaliation.

The lessons of Pearl Harbor—the USS *Arizona* were costly. The *Arizona* memorial stands today as a haunting reminder of that.



The wreckage of the USS Arizona three days after the attack